

CITY OF BIRMINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1959

CITY OF BIRMINGHAM EDUCATION COMMITTEE

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SPECIAL SERVICES SUB-COMMITTEE

MR. ALDERMAN J. WOOD
(Chairman of the Education Committee)

MRS. D. M. FISHER
(Chairman)

MR. ALDERMAN G. C. BARROW, M.A., LL.B.
MR. COUNCILLOR S. E. DAWES
COUNCILLOR MRS. W. O. EASEY
MR. COUNCILLOR C. HUXTABLE
COUNCILLOR MRS. A. M. JOHNSON
MR. COUNCILLOR T. PATON
COUNCILLOR MRS. H. L. RADFORD
MR. COUNCILLOR M. REES
COUNCILLOR MRS. F. M. SMALLWOOD
COUNCILLOR MRS. S. A. SMITH

COUNCILLOR MRS. E. SMITHERMAN
MR. COUNCILLOR F. R. STRAIN
DR. W. E. CAVENAGH, B.Sc., D.P.A., J.P.
MISS J. DAVID
MISS M. D. HORTON
MRS. P. H. JONES
T. T. LOCKIE, ESQ.
A. L. McCULLOCH, ESQ.
DR. M. L. KELLMER PRINGLE, B.A.

Chief Education Officer: E. L. RUSSELL, C.B.E., M.A.

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

MAURICE E. LEMIN, M.B., Ch.B.

ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER

PHILIP R. KEMP, M.B., Ch.B.

SCHOOL MEDICAL OFFICERS

DOROTHY M. BEAUMONT, M.B., Ch.B.
ELSE A. D'AMIAN, M.D. (Heidelb.), L.R.C.P.,
L.R.C.S.
JOYCE B. MOLE, M.B., Ch.B., D.C.H.
BERYL W. MARSON, M.B., Ch.B., D.C.H.
WILLIAM H. S. MCGREGOR, M.R.C.S.,
L.R.C.P.
JOAN I. BUCHANAN, M.B., Ch.B.
CHARLES R. A. MARTIN, M.B., B.S., L.R.C.P.,
M.R.C.S., D.P.H., Barrister-at-Law
(Resigned 21.6.59)
M. ELSPETH SEATON, M.B., B.Ch., B.A.O.
PHILIP H. SEATON, M.B., B.Ch., B.A.O.
NATALIE M. JOHNSTON, L.R.C.P., L.R.C.S.,
D.P.H.

PATRICIA E. V. MCFARLAND, M.B., Ch.B.,
L.M., D.P.H.
MICHAEL D. H. MYHILL, M.A., B.M., B.Ch.,
M.R.C.S., L.R.C.P., D.P.H.
JOHN S. LILLICRAP, M.B., B.S., M.R.C.S.,
L.R.C.P.
MARY S. MARTIN, M.B., Ch.B.
CHRISTINE GLYNN, M.R.C.S., L.R.C.P.
BARBARA S. M. MARSHALL, M.B., Ch.B.
GERTRUDE I. L. VILLIERS, M.B., B.Ch.,
B.A.O.
PATRICK B. CARVILL, L.R.C.P. and S.I.
AUDREY M. WALKER, M.B., Ch.B.
DOROTHY M. BOISEN, M.B., Ch.B.
SUSAN O'CONNELL, M.B., B.Ch., B.A.O.

PRINCIPAL SCHOOL DENTAL OFFICER

DONALD GLEN THOMSON, T.D., L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS

CLIFFORD J. BAKER, L.D.S.
HARRY A. COHEN, L.D.S.
HUGH LINN, L.D.S.R.C.S.
CYRIL R. FODEN, L.D.S.
MARJORIE COOK, L.D.S.
WILLIAM A. BARTON, L.D.S.R.C.S.
DAVID N. MORTIMER, L.D.S.
ERNEST A. K. BAIRD, L.D.S.R.F.P.S.

NEVILLE A. ROBERTS, L.D.S., B.D.S.
GERTRUDE M. LEAHY, L.R.C.P.S.I., L.M.,
L.A.H., L.D.S.
BELLA BROCH, M.D. (Vienna)
(Retired 31.12.59)
DAVID A. BAKER, L.D.S.
ALFRED TOMANEK, M.D.

PART-TIME SCHOOL DENTAL OFFICERS

Who gave service during the year

MARY V. WALTHAM, L.D.S.	THOMAS M. BYRNE, B.D.S.
MARIAN GREENSTONE, L.D.S.	JOHN M. DAVIS, B.D.S.
EDITH KETTLE, L.D.S.	JOHN P. WILLS, B.D.S. (<i>Appointed 5.1.59</i>)
WILLIAM LUDFORD, L.D.S.	DAVID K. WATERFALL, B.D.S.
BRIAN E. TEALL, L.D.S.	(<i>Appointed 7.1.59</i>)
PHILIP A. WITHERS, L.D.S.	PHILIP G. HERROD, L.D.S.R.C.S.
JOHN C. MCCARTHY, L.D.S., B.D.S.	(<i>Appointed 28.1.59</i>)
FREDA M. E. RENWICK, B.D.S.	THOMAS B. HAMILTON, L.D.S.R.F.P.S.
TERENCE A. PODESTA, B.D.S.	(<i>Appointed 3.2.59</i>)
PATRICIA E. THOMAS, L.D.S.R.C.S.	WILLIAM T. MCCULLOCH, B.D.S.
KENNETH J. GRIFFITHS, L.D.S.R.C.S.	(<i>Appointed 11.5.59</i>)
RASMA J. BREIKS, D.D.D.	

During the year 19 Part-time Dental Officers appointed on a sessional basis, gave service equivalent to 6.8 full-time officers.

CHILD GUIDANCE SERVICE

Senior Education Psychologist:

W. J. BANNON, M.A., Ed.B.

Senior Consultant Psychiatrist:

†*CHARLES L. C. BURNS, M.R.C.S.,
L.R.C.P., D.P.M.

Consultant Psychiatrists:

†*JAMES A. CRAWFORD, L.R.C.P. and S., L.R.F.P. and S., D.P.M.

†*JEANNE E. STIRRATT, M.B., Ch.B., D.P.M.

Educational Psychologists:

ENID M. JOHN, M.Sc.

EDNA HOWARD, B.A.

HECTOR J. SANTS, B.A.

JOHANNA E. REINER, Ph.D. (Vienna)

Psychiatric Social Workers:

DOREEN HOSKING

*ALICE HAAS, Ph.D. (Munich)

GWENDOLIN M. JENNISON

HELEN M. BARTLETT, B.A.

MYRTLE ROBERTS, B.Com.

*DOROTHY J. LEIGHTON, B.A. (*Appointed 16.11.59*)

Part-time Psychotherapist:

*MRS. B. J. OXFORD, M.A.

Remedial Teachers:

MISS N. LOWE, B.A.

MR. R. S. HARDING

MR. K. A. HACK

MR. E. J. QUEEN

MRS. M. J. NEWTON

MR. P. WILDBLOOD (*Appointed 14.4.59*)

MR. A. L. HOPKINS (*Appointed 14.4.59*)

MR. P. MAYHEW (*Appointed 14.4.59*)

MR. H. E. YOXALL (*Appointed 1.9.59*)

MR. L. P. KELLY (*Appointed 1.9.59*)

Part-time Teacher of Remedial Eurhythmics:

MRS. J. MADDERS

PART-TIME SPECIALIST OFFICERS

Ophthalmic Section:

HERBERT W. ARCHER-HALL, M.R.C.S., L.R.C.P., D.O.

MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S.

(*Also Visiting Ophthalmic Surgeon to Schools for the Partially Sighted*)

JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.

BENJAMIN C. CURWOOD, O.B.E., M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.

LOTHAR MARX, M.B., Ch.B.

STUART W. K. NORRIS, B.Com., M.R.C.S., L.R.C.P., D.O.

NORA WALKINSHAW, M.B., B.S.

VERA M. VODDEN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.

Orthopaedic Section:

FRANCIS G. ALLAN, M.B., B.S., F.R.C.S., L.R.C.P.

T. S. DONOVAN, M.B., Ch.B., F.R.C.S.

(*Visiting Orthopaedic Surgeon to the Schools for the Physically Handicapped*)

Ear, Nose and Throat Section:

NORMAN L. CRABTREE, F.R.C.S., D.L.O.
(Also Visiting Aural Surgeon to the Schools for the Deaf)
HAZLEY ANDERSON, M.R.C.S., L.R.C.P., D.L.O. (Appointed 9.6.59)

Asthma Section:

†*J. MORRISON SMITH, M.B., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

Visiting Physician to Baskerville School:

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

Orthodontic Section:

A. J. WALPOLE DAY, B.D.S., H.D.D.
NORMAN NORRIS, B.D.S.
VERA K. STANLEY, L.D.S.
EDGAR BREAKSPEAR, L.D.S., R.C.S., D.orth.R.C.S. (Appointed 1.5.59)

Anaesthetists:

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P.
DOROTHY TAYLOR SHEWRING, M.B., Ch.B.
MARY M. TUDOR, M.B., Ch.B., B.A.O.
OLGA MULLER, M.D.
DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P.
JOHN BUNTING, T.D., M.B., F.R.C.S.I.
EDITH M. STOCKWIN, M.B., Ch.B., D.P.H.
ENID MACKINTOSH, M.B., B.S.
NORMAN B. CRISP, M.B., Ch.B.
EMILY L. BROWN, M.B., Ch.B.
FREDERICK D. GRIFFITHS, M.B., Ch.B., M.R.C.S., L.R.C.P.
GWENIVER KNIGHT, M.B., Ch.B.
BRIDGET A. FARRELLY, L.R.C.P.S.I. (Appointed 4.5.59)

Physiotherapists:

MAUREEN WALLS, S.R.N., M.C.S.P.
MADELEINE M. WILLIAMS, C.S.P., S.O.N.A.
FLORENCE L. STODDARD, S.R.N., M.C.S.P.
NORA M. LUCAS, M.C.S.P.
GERALDINE D. GIBBONS, M.C.S.P.
ELIZABETH M. BROWN, M.C.S.P. (Resigned 30.9.59)
PATRICIA M. EVANS, M.C.S.P.
*BERYL L. MASSEY, M.C.S.P.
DOROTHY M. HAZELWOOD, M.C.S.P.
*MARGARET HUNT, M.C.S.P. (Appointed 26.10.59)
*PAULINE M. COLLINS, M.C.S.P. (Appointed 19.10.59)
ANNETTE M. ELSE, M.C.S.P. (Appointed 19.10.59)

Chiropodist:

*HAROLD WILDBORE, M.Ch.S.

Remedial Gymnasts:

MARION J. PARSONS
WILLIAM COLLINS

Senior Speech Therapist:

EILEEN S. SPRAYSON, L.C.S.T.

Speech Therapists:

SHEILA M. KALRA, L.C.S.T.
JENNIFER M. BECKETT, L.C.S.T.
ELIZABETH A. GOODALL, L.C.S.T. (Resigned 26.5.59)
JENNIFER A. W. WARNER, L.C.S.T.
BARBARA J. LYMN, L.C.S.T.
SHIRLEY A. BAKER, L.C.S.T.
BARBARA A. LOVELL, L.C.S.T.
JENNIFER M. RICHMOND, L.C.S.T. (Appointed 1.3.59)
BRIGID E. SEDDON, L.C.S.T. (Appointed 1.9.59)
RENEE E. HUGHES, L.C.S.T. (Appointed 1.9.59)
JENNIFER E. C. COXON, L.C.S.T. (Appointed 8.9.59)
*ANN P. SCOTT, L.C.S.T. (Appointed 5.10.59)

Senior Dental Technician:

PERCY ALDRED, A.I.B.S.T.

Dental Technician:

PATRICK R. POOL

SCHOOL NURSING STAFF

Superintendent School Nurse:

DOROTHY A. ASHBY, S.R.N., H.V.Cert.

Deputy Superintendent School Nurse:

A. WINIFRED ASHWORTH, S.R.N., S.C.M., H.V.Cert.

School Nurses	..	..	..	..	..	..	..	66
Nurses in Nursery Schools	..	..	..	..	..	..	..	5
Nursing Assistants	..	..	..	..	..	..	..	14

(7 vacancies for School Nurses)

(11 vacancies for Nursing Assistants)

OTHER STAFF

Matron at Martineau House	..	..	..	.	..	..	1
Matron at Wake Green Hostel	..	..	..	..	..	..	1
Nurses in Special Schools:							
Residential	..	..	..	..	..	..	5
Day	..	..	..	..	..	..	6
State Enrolled Assistant Nurses in Special Schools:							
Residential	..	..	..	..	..	..	1
Day	..	..	..	..	..	..	0
Dental Attendants	..	..	..	..	..	..	30

* Part-time Officers.

† Appointed by Regional Hospital Board.

SCHOOL HEALTH SERVICE,
154 GREAT CHARLES STREET,
BIRMINGHAM, 3.

Telephone⁴: CEN 7000

December, 1959.

SUMMARY OF WORK — 1959

SCHOOL MEDICAL OFFICERS AT SCHOOLS:

	<i>Children</i>	<i>Attend- ance</i>
Visits to Schools — 3,468		
Routine Inspections —		
Primary and Secondary Modern Schools ..	47,190	
Secondary Grammar Schools	4,231	
Special Schools	1,123	
Nursery Schools and Classes	2,071	
Selected Cases —		
Special Inspections	2,764	
Re-inspections	8,619	

SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS:

Special Inspections	19,751
Re-inspections	15,603

OPHTHALMIC CLINICS:

Number of spectacles prescribed by the Ophthalmic Surgeons	5,068	6,938
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AURAL CLINIC:

Number examined by the Aural Surgeon	1,284	2,689
Number of mastoid dressings	22	
Number of other aural treatments	1,637	
Number of audiograms	1,030	

ORTHOPAEDIC CLINICS:

Number examined by the Orthopaedic Surgeon ..	148	39,247
Number treated by the Physiotherapists	3,452	

CHILD GUIDANCE CLINICS	682	
SPEECH THERAPY CLINICS	1,039	
ULTRA-VIOLET RAY TREATMENT	1,930	
DENTAL CLINICS	39,821	73,122
ORTHODONTIC CLINIC	382	4,603
ASTHMA CLINIC	390	4,618

SCHOOL NURSES AND/OR NURSING ASSISTANTS:

Examinations of Children for Uncleanliness ..	335,085	
Vision Tests	67,438	
Home Visits	6,327	
CHIROPODY CLINIC	355	1,010

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	1,091,500
Area	51,147 acres
Density of Population	21.34 persons per acre
Rateable Value (at 1.4.59)	£17,158,995
Education Rate	18s.67d.
Penny Rate produces	£68,700
Primary and Secondary Schools (including Nursery Schools):	
Number of Schools	513
Number on Rolls at end of year	184,255
Special Schools:	
Number of Schools	28
Average Number on Rolls	2,954

ANNUAL REPORT
of the
PRINCIPAL SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, C.B.E., M.D., D.P.H.

For the Year ended 31st December, 1959

To the Chairman and Members of the Education Committee

I have the honour to present for your consideration a report on the School Health Service for the year ended 31st December, 1959.

I am pleased to state early in this letter that in general the findings of the school medical officers would suggest that the health of the Birmingham school children continues to be good. Yet there still remains a number of children who are classified as being in an unsatisfactory condition. The possible factors contributing to this state have been discussed in previous reports and are mentioned briefly later in this letter. Their supervision is of the first importance and they are followed up regularly.

Amongst the group are the children who are sociological problems and the 'chesty' type. The latter condition is giving rise to much concern, and a Conference on "The Chesty Child," arranged by the Chest and Heart Association was held in London in June, 1959. Attendance at an open-air school, day or residential, is of great benefit to these children. The family practitioners, who appreciate this form of care, constantly refer cases for admission. It is unfortunate that there are not sufficient places to meet the demand.

Whilst it is a pleasure to report that the number with after effects of rheumatic fever at Baskerville School continues to fall, concern has been expressed over utilising the remaining places for the appropriate type of handicapped child who could benefit from the school. The excellent boarding and special educational treatment this school can offer are appreciated and your Committee were concerned that handicapped children in some other categories should have the benefit of them.

The school must continue to cater for children who are recovering from rheumatic fever and the further type of children had to be considered with this background before they could be admitted.

Obviously these new admissions must not be of an infective nature nor a type who will pick up infections readily. As the rheumatic children in general recover slowly and gradually, the boisterous type must also be avoided. In view of the limitations of the school it is as well not to admit children who are grossly handicapped.

These principles have been kept in mind as children who are in real need of special educational treatment were being examined and a number of children in need of help for their physical or nervous

condition have been provisionally admitted. The experiment seems to promise well. They include children who are not thriving because they are emotionally disturbed and an unstable home background is often behind this. Individual social problems in the house come to light in the discussion with the parents. Marked overcrowding and late hours are other factors which may seriously militate against the health and educational progress of the children. Other children did not sleep well and were restless in school and home.

There is a group of children who show mild uncontrolled movement (choreic) with associated conditions such as depression and poor physical condition. The regime at Baskerville has proved successful for children suffering from acute chorea and it is hoped that these children under review will be returned to normal health.

In general, the care of the delicate child is one of the most profitable fields of preventive medicine. Out of the wide experience of school medical officers, it is realised that there are children of poor general condition — the 'delicate' type — for whose condition after the closest and most meticulous investigation, no specific medical diagnosis can be found. Yet relief is afforded through the special educational treatment offered by the Education Authority. In the words of the Handicapped Pupils and Special Schools Regulations, the delicate pupils are pupils who by reason of impaired physical conditions need a change of environment, or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

One of the greatest assets of the School Health Service is the continuity of contact with the specialists, school medical officers, school nurses, education welfare officers, and organisers, all of whom are concerned with the social and physical health of the child. This results in a service which has close ties with the schools where there is the positive and active co-operation of teachers in what they regard as their service. The teachers are active agents in helping the children to rise to the full realisation of health which is their birthright.

The second report of the Tuberculosis Vaccine Clinical Trials Committee of the Medical Research Council was published during the year. The report concerns the trial both of B.C.G. and of vole-bacillus vaccine: the former is of more immediate interest as this is being used at present by the Public Health Department. The numbers vaccinated are given in my report and it is of some interest to note the results of the trials. Birmingham was one of the centres which took part, and children between the ages of 14 and 15½ years had volunteered, with their parents' consent, for vaccination in 1951—1952. Accounts were given at that time in my reports and in 1953 the Ministry of Health offered B.C.G. to school children aged 13.

The second report of the Medical Research Council presents the results of the follow-up of the participants in the trials, and shows the

ability of the vaccines to prevent tuberculosis in young people. Under the strictly controlled conditions of the trial the reduction in the incidence of tuberculosis over a five-year period that could be attributed to the vaccines was 83% for B.C.G. and 87% for vole vaccine.

Dr. Mitchell of the Medical Research Council, describes the follow-up in Birmingham.

For the record, the circulars and regulations which have appeared during the year may be mentioned.

Ministry of Education Circular 347 of 10th March, 1959, entitled "Child Guidance" expressed the Minister's general agreement with the recommendations of the Underwood Committee, but indicates that the rate at which they can be implemented depends on the availability of trained staff and finance. The object of the circular is to give a sound basis for present organisation and future developments of the service.

Ministry of Education Circular 348 of 10th March, 1959, deals with "Special Education Treatment for Maladjusted Children." Reference is again made to the Underwood Report and recommendations are proposed for this group of handicapped children.

Your Committee have considered both of these circulars.

Mention may be made that Mr. Bannion, the Senior Educational Psychologist, draws attention in his report to the further appointment of remedial teachers based on the Child Guidance Clinics. This development in the school psychological work emphasises the preventive side of child guidance.

The School Health Service and Handicapped Pupils Regulations were replaced by five new sets of regulations which came into effect on 1st April, 1959. Circular 352 relating to these regulations was issued on 24th March, 1959.

The School Health Service Regulations 1959 reiterate that "every local education authority shall maintain a health service to be called the 'school health service', and as part of that service, a dental service, to be called the 'school dental service'. The requirements of the Regulations do not differ substantially from the previous Regulations, and the Circular gives suggestions for the conduct of the service.

The Handicapped Pupils and Special Schools Regulations 1959 do not make any substantial alterations. The provision in the previous Regulations that blind or deaf children should be educated in special schools has been omitted in the new Regulations. The Circular states that it is assumed that authorities will usually regard special educational treatment in a special school as being appropriate for these children.

The Medical Examinations (Subnormal Children) Regulations no longer include a requirement that the employment of individual medical officers for the ascertainment of pupils needing education in a special school as educationally subnormal shall be approved by the Minister. The new Regulations lay down the qualifications required of such a medical officer.

The Handicapped Pupils (Boarding) Regulations no longer provide for the Ministry's approval of boarding homes not maintained by local education authorities, but a limited number of such homes will continue to be shown in List 42.

The Special Schools and Establishments (Grant) Regulations apply only to special schools and establishments maintained by voluntary bodies for the further education and training of disabled persons.

The new school clinic, South Yardley, was practically completed at the end of the year.

An additional dental surgery has been built at Maas Road Clinic.

The two dental surgeries at Yardley Green Road Clinic which were very small have been extended outwards.

At Handsworth School Clinic progress was made with the erection of a detached single storey block providing two dental surgeries, a recovery room and store room.

During the year the old Sherbourne Road School Clinic has been adapted to provide a new kitchen and dining room, and new craft rooms for the Calthorpe School. This has given more teaching space in the main building.

The provision of new craft rooms — one for general craft and one for domestic subjects has been completed at the Marsh Hill School.

Similar provision is being undertaken at Uffculme School.

New gymnastic equipment has been provided for outdoor use at Springfield House.

Work on the extensive remodelling of the children's dormitories and the building of accommodation for residential staff has continued during the year.

The new building to replace the Pinsent School advanced to a further stage during the year.

It is good to report that a start has been made on the building of the new school at Wood End Lane, Erdington, to replace the Grantham Yorke School.

Certain sections in the report have been contributed by various members of the service. It is not possible to do justice to the presentations in a summary. Careful study of the full accounts is commended.

Finally, it is a pleasure to acknowledge again the support and interest of the Chairman and Members of the Committee in the welfare of the children, to thank Mr. Russell, the Chief Education Officer, for his consideration and assistance, the staff of the various departments for their help in the preparation of the report, Dr. Burn, the Medical Officer of Health, for his help and for the account of the work undertaken by his department, the teachers for their ready co-operation, and the members of the School Health Service for their continued loyalty and co-operation.

H. M. COHEN.

September, 1960.

SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN (Number of Sessions per week)									
		Minor Ailments and Inspection	Refraction	Dental	Orthopaedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Orthodontic	Chiropody	Astigmatism
Aldridge Road, Great Barr	19	5	1	10	5	2					
Albert Road, Aston	26	5	1½	10		5					
Albert Road, Harborne ..	49	5	1½	10	5	3					
Benacre Street	33	5	2	20	5	4					
Church Lane, Kitts Green ..	36	5	1	19	5	3					
Great Charles Street	39	5	4	17			2				2
Soho Hill, Handsworth ..	37	5	1	10	5	3		8			
Maas Road, Northfield	37	5	1	10	9	3		3			
Sheep Street, Gosta Green ..	46	5	1	7	10	4			5	3	
Stratford Road, Sparkhill	43	5	1	10	10	4					
Slade Road, Erdington	35	5	1	8		3					
Warren Farm Road, Kingstanding ..	26	5	½	18							
Warstock Lane, Kings Heath ..	33	5	1	10	10	2					
Yardley Green Road, Little Bromwich ..	37	5	1½	11		2					
Friends' Institute, Moseley Road ..	—							7			
Dame Elizabeth H'se, Stechford	—							10			
280 Birchfield Road	—							20			
29 George Road	—							17			
455 Yardley Wood Rd. ..	—							14			
298 Warren Farm Rd. Kingstanding ..	—							5			
Lea Hall	—							6			

CHILD GUIDANCE CLINICS: 29 GEORGE ROAD, BIRMINGHAM, 15; 280 BIRCHFIELD ROAD, BIRMINGHAM, 20 and 455 YARDLEY WOOD ROAD, KINGS HEATH, BIRMINGHAM, 14.

The figures under the heading "Work Undertaken" indicates the number of sessions usually held. The figure is not constant, however, and varies according to the demand of the particular forms of treatment concerned.

STAFF

During the year under review there have been a number of staff changes. Dr. C. R. A. Martin resigned in June and the post remained vacant during the remainder of the year. Mr. Hazeley Anderson was appointed Assistant Aural Surgeon in June.

Of the full-time dental officers, Dr. B. Broch retired at the end of the year, and no new full-time officers were appointed. A number of part-time dental officers were appointed.

In the Child Guidance Service, Mrs. D. J. Leighton commenced duty as part-time Psychiatric Social Worker in November, the staff otherwise being unchanged.

One Physiotherapist resigned and three new Physiotherapists were appointed, two of whom are on a part-time basis.

One Speech Therapist resigned and five new Speech Therapists were appointed, one of whom is engaged on a temporary part-time basis.

There were a number of changes amongst the nursing staff, eleven nurses leaving the service and thirteen nurses being appointed. Six dental attendants resigned and these were replaced by six new appointments.

CO-ORDINATION

The interchange of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily. The Maternity and Child Welfare records are sent from the Health Department and are attached to the School Medical Inspection Record for each child and retained in the medical envelope.

From the age of two onwards the Child Welfare Department sends lists periodically of children who are thought 'defective'. These are scrutinised and divided into those who may possibly be ascertained as 'handicapped pupils' and the remainder for special attention at the school medical inspections.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

Speech Therapy Clinics are held in the Maternity and Child Welfare Clinics in Warren Farm Road and Lea Hall Road. Co-operation between the Health Department and the School Health Service is working well.

Treatment is given for certain conditions in children referred from the Child Welfare Clinics.

The Ear, Nose and Throat Consultant employed by the Education Committee acts in an advisory capacity for such children as it might

be necessary to refer to him from the Audiology Clinic. The Committee agreed to allow a teacher from one of the schools for the deaf to attend the Audiology Clinic at the Children's Hospital on one day a week and one of the Head Teachers to attend periodically, to give advice on future educational needs.

Selective information is sent to the family practitioners. The School Medical Officers take part in the scheme for supplying the Ministry of Health, through the Medical Officer of Health, with early information regarding winter epidemics of influenza and similar diseases. The School Medical Officers are well placed to obtain early information as to the occurrence, incidence and severity of influenza among school children and to give an indication of the beginning of any increase and to trace its spread over the city.

MEDICAL INSPECTION

The following arrangements are made for the medical inspection of pupils:

- (a) As soon as possible after entry into the Infants' School.
- (b) In the early part of the last year in the Primary School.
- (c) In Secondary Modern Schools, in the early part of the child's 15th year; or in the early part of the 16th year and again within a year of leaving, in Grammar Schools.

Children who may need to be kept under observation for any defects found at the intermediate examination are seen either at the school clinic or when they arrive at the Secondary Modern or Grammar School at the next visit of the medical officer. In this way they are followed up regularly.

The main statistics on medical inspection will be found on pages 107 to 111 and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children in the various age groups:

<i>Year of Birth</i>	<i>Percentage</i>	<i>Year of Birth</i>	<i>Percentage</i>
1955 and later	98.9	1947	89.8
1954	98.8	1946	74.2
1953	97.6	1945	59.2
1952	93.0	1944 and earlier ..	53.7
1951	91.7		
1950	86.8		
1949	93.2		
1948	92.2		
		AVERAGE	85.75

PHYSICAL CONDITION

Classification under the heading “Physical Condition” on the School Medical Record.

As recommended by the Minister several years ago, the finding for the heading “Physical Condition” consists of a summing up of the medical officer’s opinion of the child’s physical fitness. Only two categories are considered necessary, *i.e.*, “Satisfactory” and “Unsatisfactory.” The reason for having two categories only is a practical one — it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances, so that he can be helped as far as possible.

The relevant findings for the year under review are given below according to the new classification.

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected By Year of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		Number	% of Column 2	Number	% of Column 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later ..	1,802	1,750	97.11	52	2.89
1954	6,613	6,483	98.03	130	1.97
1953	6,298	6,102	96.88	196	3.12
1952	2,431	2,366	97.32	65	2.68
1951	777	756	97.29	21	2.71
1950	449	438	97.55	11	2.45
1949	3,755	3,718	99.01	37	0.99
1948	9,976	9,777	98.00	199	2.00
1947	4,087	4,001	97.89	86	2.11
1946	582	570	97.93	12	2.07
1945	3,959	3,912	98.81	47	1.19
1944 and earlier ..	13,886	13,640	98.22	246	1.78
TOTAL	54,615	53,513	97.96	1,102	2.04

In general it can be said that the condition of the children examined has been maintained satisfactorily, and in general shows a slight improvement over the previous year.

SCHOOL BUILDINGS

Circular 10/59 contains very full suggestions for the adaptation and extension of existing school buildings.

During the year the policy of improving standards of the older schools has continued resulting in the authorisation of work outlined as follows:

Additional accommodation in respect of both Major and Minor Building Programme Schemes to an approximate total value of

£471,516 at 28 schools, and miscellaneous minor improvements to a total value of approximately £93,000. Building of new schools in accordance with the Committee's Building Programme has continued and during the year 10 new schools were opened whilst at the 31st December, 1959, a further 12 were under construction.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, height and development of children born between 3rd and 9th March, 1946, was continued during the year. This investigation is being sponsored by the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee. The Special Services Branch of the Ministry of Education have been closely associated in the planning of the enquiry.

In previous reports the aim and progress of this longitudinal study have been described.

The following relates to the survey in the Annual Report of the Population Investigation Committee:

“ During the past year data already collected in respect of earlier stages of the inquiry have been summarised in preparation for writing the third major report on the survey. This report is planned to cover the social and economic changes which have taken place in the position of the survey families over a ten-year period and to show the effect which these and other factors have had on the educational progress of the children up to the point of their transfer to secondary schools.

The 11+ examination provided an opportunity to examine the survey population for bias and results were obtained not only for children currently in the survey but for those whose parents had withdrawn them, and also for a further sample of 1,000 covered by the 1946 Maternity Survey but not included in the follow-up study.

The first school survey covering the secondary school stage was carried out in June, 1959. This included two separate questionnaires for each child. One was filled in by the teachers, and dealt with educational progress, and also with those symptoms and attitudes on the part of children which might be indicative of maladjustment. The other was filled in, for the first time, by the survey children themselves and related to their job aspirations and hobbies, and also included a series of questions designed to measure ‘aggressiveness’, ‘extraversion’ and ‘neuroticism’. The returns were most satisfactory.”

SCHOOL MEALS SERVICE

DINNERS SUPPLIED TO CHILDREN

JANUARY — DECEMBER 1959

	<i>Free</i>	<i>Part-Paid</i>	<i>Paid</i>	<i>Total</i>
	<i>Dinners</i>	<i>Dinners</i>	<i>Dinners</i>	<i>Dinners</i>
Nursery	16,868	305	289,092	306,265
Primary	775,682	18,921	5,286,702	6,081,305
Secondary Modern ..	320,933	6,949	2,512,066	2,839,948
Comprehensive	32,351	592	299,226	332,169
Grammar and Technical ..	42,232	946	2,324,664	2,367,842
Special Schools	8,287	28	274,135	282,450
	1,196,353	27,741	10,985,885	12,209,979

DAILY NUMBER OF CHILDREN HAVING DINNERS 1959

	<i>Secondary</i>	<i>Primary</i>
January	29,330	32,773
February	25,482	29,261
March	27,717	33,451
April	27,760	33,481
May	27,197	33,949
June	26,931	33,963
July	24,576	33,253
September	33,392	32,411
October	33,268	32,878
November	32,441	33,162
December	32,493	34,082

DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

	<i>Normal</i>	<i>Holiday</i>	<i>Percentage</i>
	<i>Meals</i>	<i>Meals</i>	
Easter	61,241	1,677	2.7
Whitsuntide	61,146	1,564	2.5
August	65,803	1,222	1.8
Christmas	76,575	934	1.2

Number of children eligible for free meals at December 1959 was 7,311.

MILK IN SCHOOLS SCHEME

Number of children taking milk as per return to Ministry of Education on a given day in October 1959:

157,440

Percentage 87.66

EXAMINATION OF CANTEEN STAFF

During the year 554 employees of the School Meals Service have been examined for admission to the Corporation Sickness and Accident Allowance Scheme.

SCHOOL CANTEENS

Dr. Lemin reports:—

“ Visits with Miss Jones to school canteens were carried out during the year; opportunities were taken to discuss with the canteen staff matters of hygiene in the kitchen. Questions were invited on any special problems and discussed with the staff.

First-aid equipment was inspected and the importance of easy availability was stressed.

The preparation of meals was observed, it may be said that the principle of pleasing presentation inviting the appetite was much in evidence, this being a most necessary factor where the education of the child into sound eating habits is so much a part of the School Meals Service.

In general during visits the standard of hygiene, both personal and in the canteen, was satisfactory.

Visits were also paid to the wash-ups in schools, these being a vital link in the meal chain between the kitchen and the children; here again matters of hygiene were discussed fully with the serving staff.

In all these various visits an opportunity was taken to call on the Head of the school so that any particular aspects that might arise in school, in relation to school meals, could be discussed.

Personal contact between the school staff and the canteen staff and the School Health Service is of the greatest possible value, obtaining the optimum conditions in this very important part of the school life.”

MINOR AILMENTS AND INSPECTION CLINICS

It is difficult to separate minor ailment treatment from consultation. It has been the view of successive Chief Medical Officers of the Ministry of Education that the school clinics bring to notice children who tend to be specially in need of the School Health Service and give the doctors and nurses special opportunities of advising their parents that the consultation clinic is an essential supplement to inspections at schools. It is worth re-stating that: “ the school clinic is the Health Centre for children of school age.” Parents and teachers whose interest in the health of the children has been stimulated by the school medical work, often become anxious when a child is not up to the mark at school and are glad of an opportunity to consult the School Medical Officer. But the conditions cannot be investigated in school: time, quiet, adequate lighting, opportunity for detailed enquiry, are necessary for such purposes, and can only be obtained by the establishment of a properly equipped centre. Hence the “ Inspection Clinic ” where the attempt, by wise counsel to check the beginnings

of disease and to re-establish a normal condition of health, constitutes one of the more valuable activities of the School Health Service.

• Further, it is of interest to quote the following passage from the Chief Medical Officer's Report on The Health of the School Child 1956-57:

“The consultation clinic offers an almost unrivalled opportunity to the school doctors for education in health. The premises are usually more suitable than schools for clinical examination and for confidential discussion with parent or child. Parents and children attend by appointment and there is no need for the doctor to stint his time.”

As far as the treatment of minor ailments is concerned it is worth recalling that when the National Health Service came into being, Circular 179 of the Ministry of Education, issued in 1948, contained the following paragraph:

“The treatment of minor ailments at a school clinic (or in the school itself) is well established as the most expeditious and comprehensive means of dealing with many troublesome conditions and of preventing further impairment of health. The School Health Service has the advantage of using the services of the school nurse, working under the school doctor, for dealing with such conditions, and continuity of treatment is ensured through the close association of the work with the schools. No change in this system is contemplated and its extension where necessary on existing lines should continue. In course of time, however, opportunities may be found for co-operation with health centres and centres for group practice forming part of the National Health Service.”

In the 1956-57 Report of the Chief Medical Officer there is the following reference:

“The minor ailment treatment clinic is essentially a nurse's clinic and affords ample scope for individual and practical health education. Appropriate information given in a friendly informal manner in these clinics stands a good chance of being remembered.”

There is still the need especially in urban areas: counselling and treatment are bound up together: busy general practitioners' surgeries and crowded hospital out-patient departments where the waiting time might be considerable are not a substitute for these clinics. Head Teachers enjoy a close contact with the doctor and nurse at the school and keep in touch effectively over the children attending.

In concluding this section it is important to mention the following examinations which are carried out by the doctors and nurses in the clinics: examinations of candidates for training colleges and intending teachers, examinations for superannuation of Committee staff, examinations of manual workers, examinations of children working out of school hours, examinations for theatrical licences and examinations of

children going abroad in school parties, of children going to school camps and certain holiday homes.

There have been over 82,000 case attendances during 1959.

Scabies

140 cases were treated compared with 75 last year. Yet this rise, whilst undesirable, still compares favourably with the 599 and 207 cases in the years 1949 and 1950 respectively.

Ringworm of the Scalp

There has been a fall in the number of cases, from 12 to 6, compared with the previous year, 'known to have been dealt with'. This does not give a true picture of the incidence however.

Ringworm of the Body

The numbers treated this year were 15 compared with 57 last year.

Diseases of the Skin

Whilst there has been a slight increase in the number of cases of impetigo, there has been a considerable decrease in the number of other skin conditions.

DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon, continues to attend the Aural Clinic, Great Charles Street. There is a nurse in charge who carries out the treatment according to the Specialist's direction. The testing of hearing by means of the Pure Tone Audiometer of children who are referred for various reasons is undertaken by the nurse.

Reports are also sent to the Medical Officers at the school clinic where the treatment prescribed by the surgeon can be carried out.

During the year, 2,689 attendances were made at the Aural Clinic.

Number of attendances made by pupils during 1959	..	..	2,689
Number of examinations made by Aural Surgeons during 1959	..	..	1,284
Number of mastoid dressings during 1959	..	..	22
Number of other aural treatments during 1959	..	..	1,637
Number of Pure Tone Audiometer tests during 1959	..	..	1,030

Mr. Crabtree reports:—

“The high incidence of conditions affecting the ears, nose and throat in school children leads me to repeat with no apology that our work in the School Health Service should be selective in some degree. To this end we concentrate our attention on disabilities leading to an impairment of the ability of the child to respond fully to his educational environment. A hearing loss, which may remain unsuspected for a considerable time, may often lead to emotional or

behaviour problems, and a lowered appreciation of his learning capacity.

With the completion of a year in the pure-tone assessment of hearing in the six-year-old child the results have exceeded our expectations. In the great majority of cases the defect can be relieved by fairly simple medical or surgical measures. All cases detected are carefully followed up, and the results now reported of what may be considered a pilot scheme on a fairly extensive scale are a clear indication of the value of extending the test procedure to cover all children at the age of six.

We have been particularly gratified with the warm co-operation by the teachers in the schools visited, and while the primary objective has been to ensure that the test is carried out on every child at the age of six, no opportunity has been missed to check the hearing of older children where a failure to respond fully to their school environment may be suspected to be due to hearing difficulty.

We consider that these children should have a high priority for treatment, but the demand on hospital accommodation in relation to other needs has always been a difficult problem. I am happy to report that the appointment of Mr. Hazley Anderson as my colleague in the Aural Clinic has enabled us to improve our ability to deal with these cases.

The problem of children with a permanent deafness, of varying degrees of severity and present from birth or shortly after is entirely different and very much more complex. In these cases, the early ascertainment of deafness, often combined with other disabilities, within the first year or two of life is essential if we are to enable the child by a process of auditory training, often with the help of a hearing aid, to develop his powers of communication, and as a result his educational attainments, to the maximum.

While the early ascertainment is outside the scope of the School Health Service, it is of great importance to us since it will have a great bearing on the requirements of the child as he attains school age.

With this in mind the otological examination of the pre-school child may be considered a matter of interest and concern at the Aural Clinic.

The success of the pre-school training programme at the Children's Hospital which was made possible by regular visits of teachers of the deaf from the schools has led to the decision to appoint a teacher specifically for this work, to attain the maximum possible level of communication from the earliest age, and by close co-operation with the teachers both in special and normal schools, to ensure that each child is properly placed in an appropriate educational environment.

We are particularly grateful to the teachers who have given so much of their time and energy in starting this Clinic, showing the need for close co-operation between medical staff and teachers for the deaf child of all ages, and for showing that this can be carried out

successfully and harmoniously because of our common interest in the welfare of the deprived child."

AUDIOMETRIC SURVEY

The examination in the schools of the hearing of six year-old children by pure-tone sweep audiometry was continued during the year. Any other child where there was some doubt about the hearing could also be brought forward by the teacher.

The methods and standards used were described in last year's report.

Number of children tested	..	..	..	..	..	..	6,777
Number of children failed	..	..	..	..	..	..	332
Failed one ear	..	..	..	..	..	..	182
Failed both ears	..	..	..	..	..	..	150
Number of children failed and having treatment at:							
Hospital	..	..	..	..	..	..	42
Own doctor	..	..	..	..	..	..	14
Aural Clinic	..	..	..	..	..	..	13
Number of home visits (including 46 no access)	..	..	..	..	..	..	177
Number of letters sent to parents (either parents working or due to no access visits)	..	..	..	..	..	..	60
Children referred to Aural Clinic, through contact with parents because of sweep test							
Referred to Aural Clinic	..	..	..	..	..	..	237
Failed to attend clinic for pure-tone test	..	..	..	..	..	..	36
Pure-tone tests at clinic	..	..	..	..	..	..	201
Failed pure-tone test	..	..	..	..	..	..	164
Of the 201 children, 34 required syringing, 14 passed test after syringing, 19 failed test after syringing (the 19 are included in 164).							
Seen by Aural Surgeon	..	..	..	..	..	..	137
Referred to hospital	..	..	..	..	..	..	85
Referred for treatment through own doctor	..	..	..	..	..	..	30
Referred for treatment at Aural Clinic	..	..	..	..	..	..	4
Number of children x rayed	..	..	..	..	..	..	22
Number of children for whom no treatment was required	..	..	..	..	..	..	15
Number of children referred to special School	..	..	..	..	..	..	3
Number referred for hearing aid and lip reading	..	..	..	..	..	..	1
Number referred for lip reading	..	..	..	..	..	..	1
17 children seen by the Aural Surgeon during this year were children who failed the sweep test in 1958.							
108 Children Referred to Hospital:							
Otitis Media	..	..	..	..	..	..	5
Sinusitis	..	..	..	..	..	..	16
Eustachian Obstruction	..	..	..	..	..	..	67
Polypus, Aural	..	..	..	..	..	..	2
Other	..	..	..	..	..	..	1

Operations:

T. & A's	66
Adenoidectomy	7
Antrum Wash-out	22
Eustachian Catheterisation	9
Removal of Polypus	2
Routine treatment of ear	4
Tympanoplasty	1

TONSILS AND ADENOIDS

In general conservative treatment is adopted, but careful regard is paid to the cases where operative treatment appears to be necessary. Following consultation with the child's family practitioner, recourse is now made to the most convenient hospital for any operation which may be required.

Complete information, however, relating to the total number of children who received operative treatment is not available but it is known that 2,753 children were operated on for tonsils and adenoids in 1959.

EYE DEFECTS

The number of children examined in the routine age groups who suffered from defective vision (excluding squint) was:

<i>Age Group Inspected (By Year of Birth)</i>	<i>Number Examined</i>	<i>Number found to have Defective Vision</i>	<i>Percentage</i>
1955 and later	1,802	21	1.19
1954	6,613	140	2.11
1953	6,298	229	3.47
1952	2,431	135	5.55
1951	777	65	8.36
1950	449	52	11.58
1949	3,755	449	11.95
1948	9,976	1,231	12.33
1947	4,087	508	12.42
1946	582	94	16.15
1945	3,959	594	15.00
1944 and earlier	13,886	2,284	16.44
TOTAL	54,615	5,802	10.62

OPHTHALMIC TREATMENT

Mr. Archer Hall reports:—

“ I have pleasure in giving below a note of the patients treated by me in the Ophthalmic Department of the Great Charles Street Clinic, during the year ended 31st December, 1959:

Myopic	105
Hypermetropic	59
Mixed Astigmatism	23
Myopic Astigmatism	15
Hypermetropic Astigmatism	66
No glasses required	66
Referred to Eye Hospital	2"

Mr. Mark Tree reports:—

“ I have again analysed the refractive errors in children seen for ophthalmic examination at Great Charles Street Clinic, and append them as follows:

	<i>Percentage</i>
Moderate Myopia and Astigmatism	35
High Myopia	1.2
Hypermetropia and Astigmatism without Squint	40
Mixed Astigmatism	5.3
Squint cases	8.1
No spectacles necessary	10.4

These figures vary somewhat from year to year, but the overall size of the problems presented is clear. Cases of high myopia (*i.e.*, over -7.0 dioptres) constituted 1.2% of examinations this year and 1.6% last year. Only a sub-section of these could be regarded as degenerative types. Therefore the problem of degenerative myopia is not numerically very great. With regard to moderate defects; it was shown by Rushton in 1938 that the question of eye size and scleral stretching does not enter into the production of moderate refractive errors in the range from $+4.0$ to -6.0 dioptres.

The factors of importance in these cases are the spacing and variations of curvature of the optical components and surfaces of the eye. These variations are mostly hereditary in character and should not be regarded as pathological.

There is thus no doubt that a great proportion of eyes with moderate myopia are otherwise healthy. There is thus no good scientific reason to impart a sense of urgency to the re-examination of these cases, or to make trifling alterations in spectacles at very frequent intervals.

It is regrettable that children and parents are sometimes harassed and frightened that delays will cause deterioration; and some unfortunate healthy myopic children have been burdened with bifocal spectacles, supposedly to prevent progression of their myopia.

With regard to children with special pathological conditions, I have as usual prepared a separate detailed report dealing with those recommended to the Partially Sighted Schools.

Apart from these cases I append details of three children with conditions of interest:

1. A girl of 12 years with congenital complete bilateral facial palsy, and bilateral external rectus palsy, the left eye being amblyopic with eccentric fixation, the right eye having good vision and normal accommodation.
2. A girl of almost 15 years with amaurotic family idiocy (juvenile form) deteriorating since 12 years, with a history of blindness and involvement of two other members of the family.
3. A boy of $6\frac{1}{2}$ years with oxycephaly and bilateral optic atrophy, and little remaining vision, who was unruly and mentally defective.

I wish to record my thanks to the nurses of the clinic for their great help in dealing with all these cases."

Mr. Austin reports:—

"The arrangements for selecting children to attend my clinics are working well, though undoubtedly some are referred unnecessarily through no fault of the preliminary test. This is no fault of the nurses; some children become shy or scared as they approach the smaller lines on the chart, or are too lazy to read them. Only objective methods can then assess whether alleged subnormal vision is genuine or not. Even when it is, I become more and more convinced that it is often unnecessary to prescribe glasses for small refractive errors. A child with 6/9 or even 6/12 vision due to low astigmatism, and with no squint or headaches, will often refuse to wear glasses unless constantly 'nagged'. Such children must, of course, be kept under observation, in case the error increases; there is no evidence that the wearing or not-wearing of glasses makes any difference in this respect. Children with larger errors usually wear their glasses well, except teenagers, who often dislike the 'free' frames."

Dr. Marx reports:—

"During 1959 I have examined 762 children at 95 sessions. Conditions found were as follows:

Myopes (including simple myopia, simple myopic astigmatism and compound myopic astigmatism)	186
Hypermetropia (simple hypermetropia, simple hypermetropic astigmatism and compound hypermetropic astigmatism) ..	412
Mixed Astigmatism	63
No refractive error	73
Anisometropia (meaning for the purposes of this report myopia in one eye and hypermetropia in the other)	6
Referred to hospital	17
Optic Atrophy	1
Amblyopia	17
Cataract	4
Squint	6
Chronic Iritis	1
Old perforating injury	1
Colour blindness	6 "

Mrs. N. Walkinshaw reports:—

“ I have pleasure in submitting my report for the year ending 1959.

The number of children attending my clinics have been satisfactory, and I have examined over 700 children during the year.

I classify the children into two groups: (1) under ten (2) over ten.

The commonest refractive error in both groups in order:

	<i>Under Ten Percentage</i>	<i>Over Ten Percentage</i>
Hypermetropic Astigmatism	35.0	33.0
Myopic Astigmatism	5.5	17.0
Mixed Astigmatism	3.5	3.6
Strabismus (all forms)	14.7	6.0
Hypermetropia	17.1	12.0
Myopic	7.0	16.3
Anisometropia	4.4	6.6
Amblyopia	1.0	1.0
Normal	11.8	4.5

The following cases were also noted:

1 Congenital Nystagmus with Myopic Astigmatism ..	Aet 10+
1 Congenital Cataract	Aet under 10
1 Spastic child with Hypermetropia	Aet under 10

I continue to keep in close contact with all cases of squint, and amblyopia in the under ten groups, reviewing them at frequent intervals.”

Mr. Norris reports:—

“ The pattern of cases showed no change over the previous year and clinics were well supported.

The success of the Birmingham School Medical Service in spotting and initiating early treatment of visual defects is of great social importance. A statistical survey of its efficiency in relation to comparable systems of selection and treatment of children would be of great value in planning the ideal system to prevent or cure the widespread visual defects of the adult population.”

SCHOOL DENTAL SERVICE

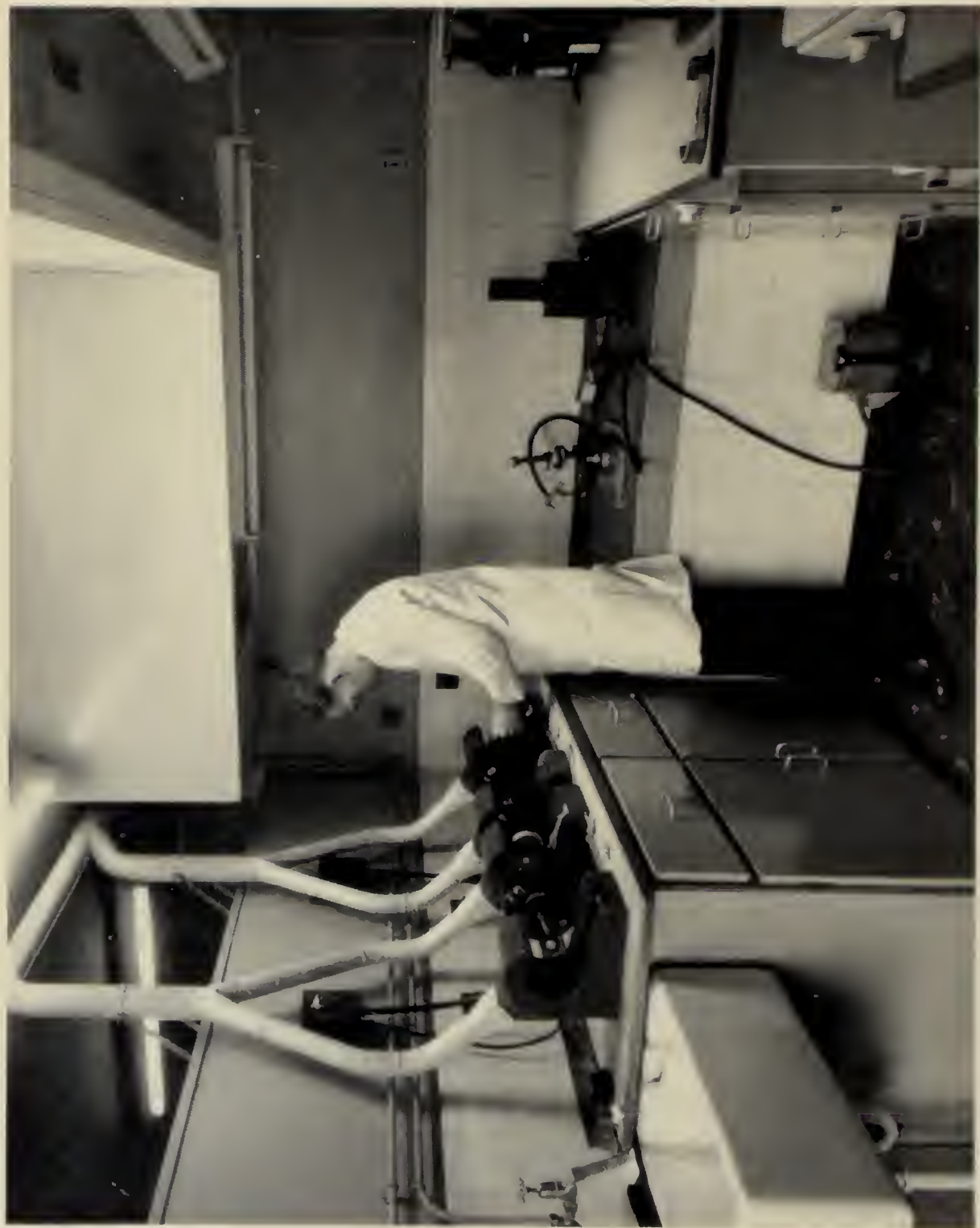
Mr. D. Glen Thomson, Principal School Dental Officer, reports:—

“ Staff

There has been a slight decrease in the average number of dental officers engaged in the School Dental Service during the year. The average number expressed as full-time equivalent officers and including part-time officers was 19.6 and represents a loss of 1 dental officer.



PLASTER CASTING AND BENCH WORK



POLISHING LATHES AND METAL CASTING

The proportion of sessionally employed part-time dental officers to full-time officers has again increased. This is a national tendency. The number of dental officers under 30 years of age in the Service in the country is very small, under 10%. In the City of Birmingham School Dental Service 80% of the dental officers are over 50 years of age.

Full-Time Appointments

Nil.

Resignations

Bella Broch, M.D., Vienna, 31.12.59.

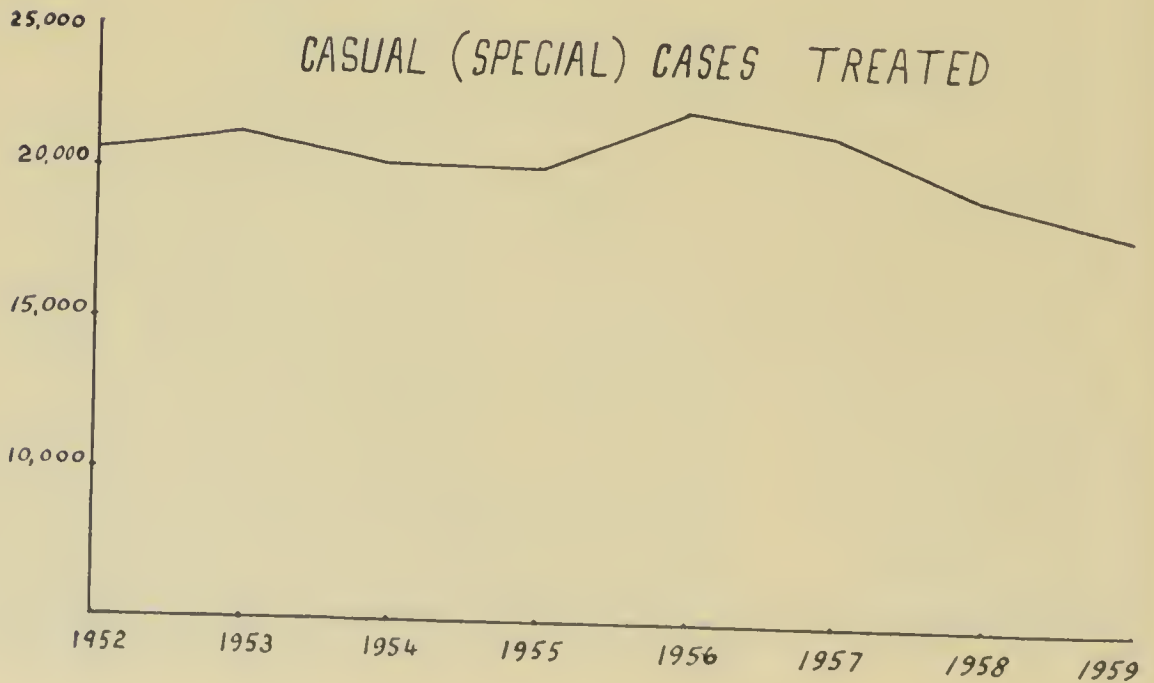
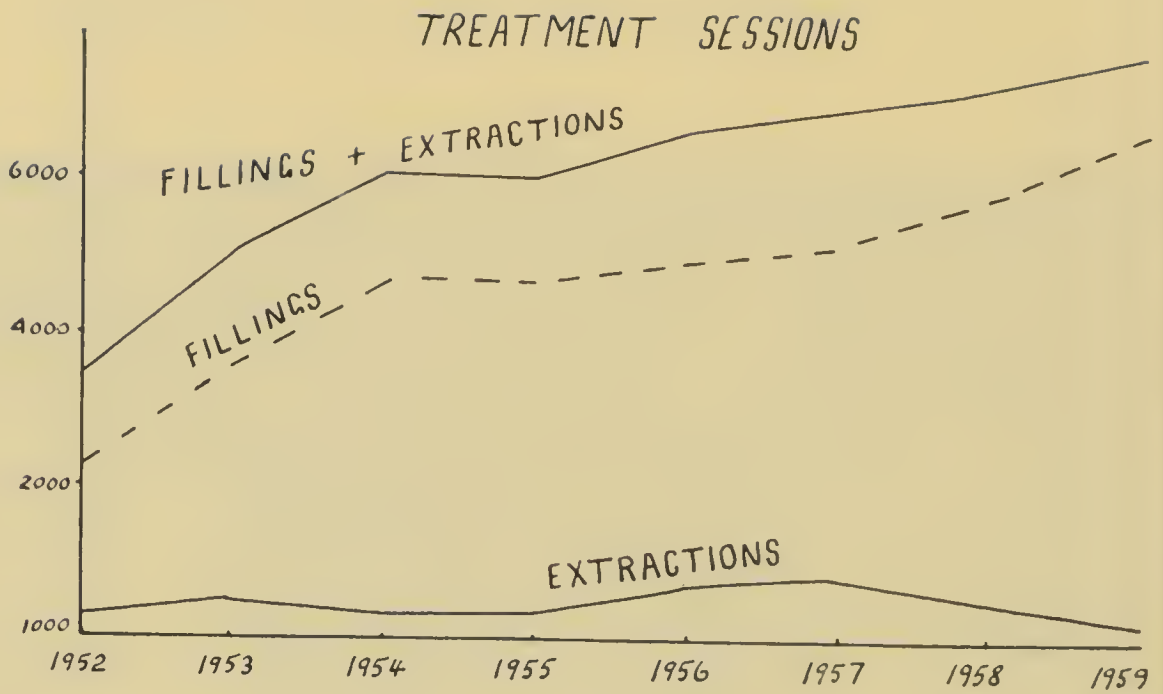
Treatment

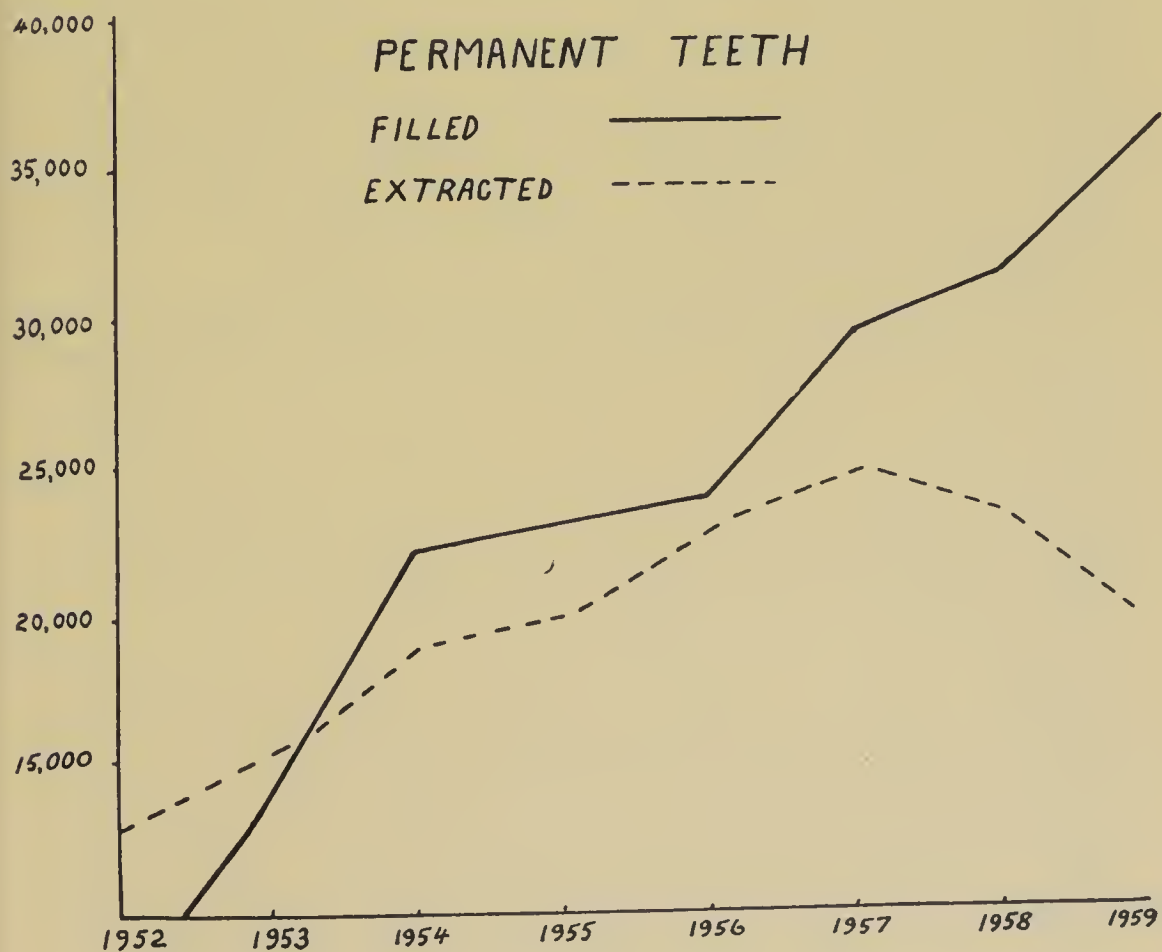
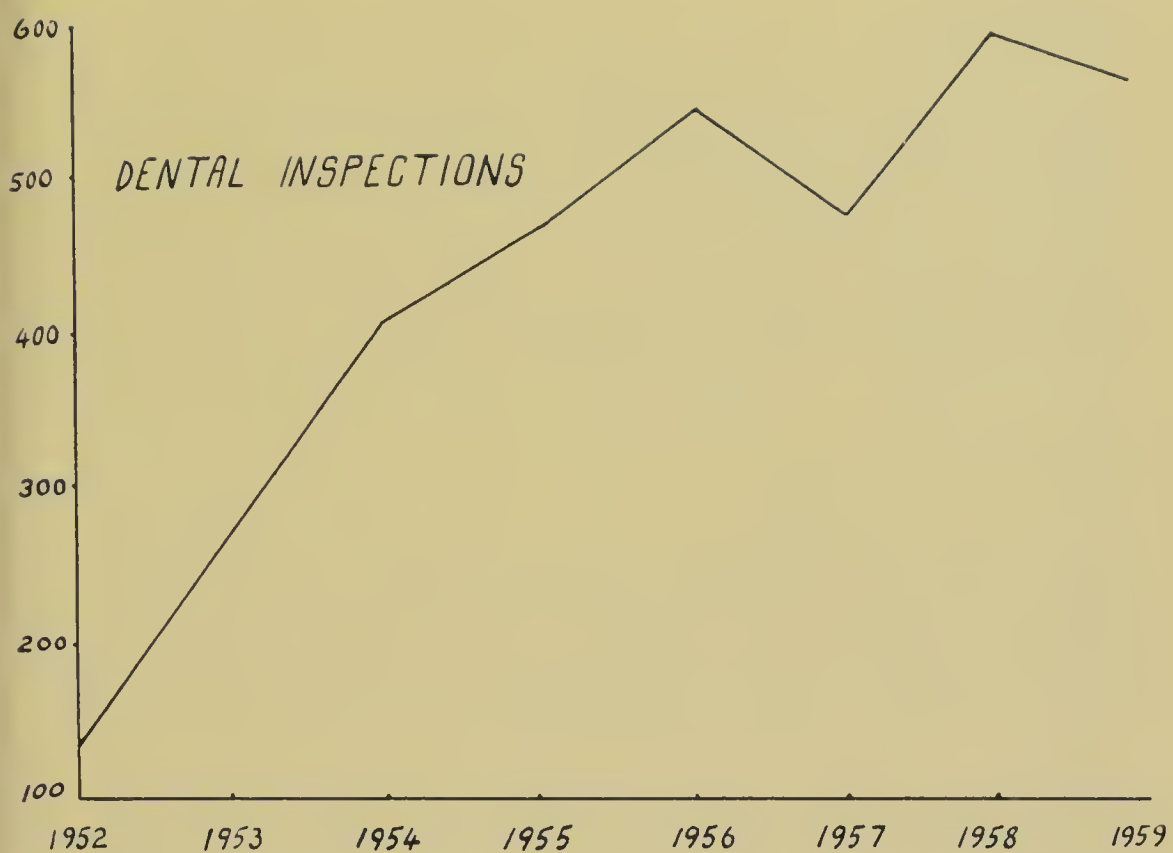
Of the 134,507 children inspected in 371 of the 513 schools, 89,321 were found to require treatment, 76,097 were referred for treatment and 21,760 had their treatment completed. In addition, 18,061 casuals received treatment and attended on 10,864 further occasions to have all their necessary dental treatment completed. The total attendances at school clinics were 73,122.

19,651 permanent teeth and 44,859 temporary teeth were extracted. Last year saw a decrease in the number of teeth extracted and this welcome trend continued this year when 9,170 less temporary teeth and 3,821 less permanent teeth were extracted than in 1958. This was responsible for a reduction of 122 gas sessions. The sessions devoted to conserving the teeth increased by 697 and the total of permanent fillings increased by 4,990 to 36,554 fillings. These two factors have led to an improvement of .43 in the ratio of permanent teeth filled to permanent teeth extracted. The ratio is now 1.59 and the last available figure for the country was 2.4. The attitude of parents to fillings varies greatly in different parts of the city. Unfortunately, many parents will not permit their children to have permanent teeth filled but are most anxious for all teeth, temporary or permanent, to be extracted irrespective of whether they could have been saved or not.

39,821 children attended the clinics for treatment on 68,519 occasions. The average number of attendances for each child treated was 1.7. Children treated as a result of school inspections paid an average of 1.8 visits and casuals attending for further treatment attended on average 1.5 times.

The number of visits for each course of treatment is increasing and compares with the average attendance for England and Wales in 1957 of 2.4 attendances for each child treated. The number of children inspected on school premises was 134,507, a decrease of 11,501 children. In some areas it is possible to provide an annual inspection but in others this is not possible. The rate of caries incidence is such that it would be much better if all children were inspected at six monthly intervals and in some cases children with a poor quality of teeth to be seen three times a year.





Dental Disease

There has been a dramatic reduction in the death rate from common infectious diseases, there is improved nutrition, better hygienic conditions and medical care has been much improved. The one exception is dental disease. Conservation can do much to restore a neglected mouth but without full co-operation of the child and parent, the more caries prone teeth will break down. There is no doubt that many children are now spending more money on sweets, iced lollies, biscuits and confectionery. Eating between meals at the 11 a.m. break is a potential danger to children's teeth. Sweets and biscuits do not encourage chewing and the mouth is left in an unhealthy condition. Frequently at school dental inspections it is impossible to continue after the break, when children have consumed highly refined confectionery with the school milk. Particles of food debris cover the teeth and gums and it is only possible to continue the inspection after the children have had a mouth rinse. The danger of dental decay is worse during the first half hour subsequent to eating sweets and confectionery. Therefore, it is most important to either brush the teeth or have a mouth rinse within a few minutes after such a meal or snack. A national campaign might help, but if children could be taught in the schools and in their homes by example and by the good habits of adults around them that clean teeth are as much a social grace as clean hands, a big step forward would have been taken. Simple suggestions repeated over and over again that the teeth should be brushed after each meal, particularly after the last meal before going to bed; that meals should be finished with fresh fruit or vegetables; that no cake, biscuits or confectionery be taken with milk at the morning break at school unless mouth rinsing is practised afterwards. There should be no in-between unsuitable snacks and the eating of party foods should be limited to special occasions and not every day.

Only about one child in four uses a tooth brush regularly. The correct use of the tooth brush is most important and if organised instructions could be given to children in schools by either teachers, dental nurses or school dental officers a reduction in the incidence of caries would result. Tooth brushing must be done correctly to be of any value. The brush must be in good condition and of the correct shape. Brushing must be carried out at the correct time, immediately after meals and last thing at night.

Instruction in oral hygiene is given to children at the chairside and talks in school at the time of dental inspection to children in certain age groups. The film "Let's Keep Our Teeth" is in constant demand by Head Teachers and is usually shown to correspond with the inspection. Dental Board posters are displayed in nearly all the schools. A course of lectures are given to teachers on dental health when attending the City of Birmingham Training College course for Handicapped Children. It is hoped that these teachers will be able

to take back to their schools an appreciation of the value of dental health and the simple measures to ensure it.

Finally, fluoridation of domestic water supplies as a means of controlling the incidence of dental caries is said to bring about a 50% reduction of caries in children consuming such water. The term 'fluoridation of water' means that the level of fluorine in drinking water is adjusted to one part per million. Reports from the three study areas, Kilmarnock, Watford and Anglesey should soon be available and the decision whether to fluoridate public water will, no doubt, be influenced by the results of the experiment.

Anaesthetic Scheme

The panel of medical anaesthetists continues to give excellent service and I am deeply indebted to them. They are experienced in the many difficulties which are peculiar to dental extractions for children and working as a team anticipate the requirements of the dentist during the operating session.

There were 1,355 general anaesthesia sessions during the year, a decrease of 122 sessions. A total of 25,989 nitrous oxide and oxygen anaesthetics were administered, 2,992 fewer cases than the previous year. The Dental Hospital referred each week about 50 children to the Great Charles Street Clinic for extractions but during the past year this number has been much reduced. Parents still continue to give children a meal within the three hours period which is considered a minimum period for safety despite requests not to do so and it is not possible to give treatment under these circumstances. The actual number of anaesthetics averaged 19.1 children for each session during the year. The number of broken appointments is still about 30%, which is very disconcerting because it is impossible to avoid overcrowded sessions when all the appointments are kept and emergency cases add to the load. On other sessions the attendance is less than anticipated.

The Children's Hospital

The dental department at the Children's Hospital has again been of considerable help to the School Dental Service. Children referred to the hospital are unsuitable for treatment at the clinics, owing to their physical condition and medical history, or that they require surgical treatment.

All cases requiring haematological investigation for known or suspected blood conditions are seen previous to dental extractions. Surgical cases such as unerupted teeth, dental cysts, labial fraenectomy, etc., are usually taken into hospital for two or three days. Cases requiring antibiotic cover are referred to the hospital for extractions but the fillings are completed at the school clinics.

141 children were referred to the hospital and seen by Mr. Geoffrey Hoggins, Consultant Dental Surgeon.

The Dental Hospital

The Dental Hospital, under the direction of Dr. Mitchell, Dental Superintendent, has again given valuable help in treating cases of an unusual nature. The close relationship which has existed since the beginning of the School Dental Service still exists and is much appreciated. A total of 459 children were referred to the Dental Hospital for treatment.

Handicapped Children

Good dental condition of handicapped children is particularly important and everything possible is done to save teeth before they require extraction. Extractions for some of these children is not without risk and is much better avoided by early treatment.

The majority of handicapped children are treated at school clinics or on school premises at Residential Schools but if there is a medical history or physical handicap which precludes them from attending a clinic they receive treatment at the Children's Hospital. Highly emotional children, spastics and certain other children receive endotracheal anaesthesia and their fillings are completed with no distress to the child. Their stay in hospital is usually two to three days.

Of the 1,689 children inspected, 915 were found to require treatment, 778 were referred for treatment and 505 had their treatment completed within the School Dental Service. There were 664 attendances for treatment and 306 permanent teeth and 505 temporary teeth were extracted. 298 fillings were inserted in permanent teeth. Eleven sessions were devoted to general anaesthesia on school premises where an improvised surgery was used. A total of 330 general anaesthetics were administered by medical anaesthetists and 47 children received local anaesthetics.

Orthodontics

The demand for orthodontic treatment continues unabated but unfortunately there is still a long waiting list for treatment, which would be considerably more but for careful selection of suitable cases by the School Dental Officers and the Orthodontists. Parents are aware that a child's appearance can be greatly improved when the orthodontic condition has been corrected. In extreme cases the condition may affect the future well-being and psychological adjustment of the child. Some remarkable results are achieved and a child's whole appearance may be changed. A dental cripple with disfiguring expression and facial contours can become a person of pleasing aesthetic appearance with a normal bite. An improvement in confidence and personality frequently results.

The dental laboratory is working to capacity and it is hoped that in the near future some relief may be given to the technicians by appointing a dental apprentice. I am very pleased to report that Mr. E. K. Breakspear joined the Orthodontic Staff on the 1st May, 1959. He works for two sessions a week and his help is much appreciated. There was an increase of 71 sessions worked during the year. The average attendance for each session was 14.2, which is less than in previous years but may be accounted for by the different techniques employed by each Orthodontist and, of course, differences in the individual treatment required.

A detailed summary of the laboratory work is given below. In addition, some dentures and orthodontic appliances were sent out to be constructed by a private laboratory to avoid delay in the treatment of our children when our own technicians were unable to cope with the work.

Dental Laboratory

SUMMARY OF WORK

Orthodontic:

Models cast	..	..	..	..	..	..	940
Study models supplied	..	..	..	..	..	..	616
Fixed appliances	..	..	..	..	..	..	34
Removable appliances	..	..	..	..	..	..	367
Repairs to appliances	..	..	..	..	..	..	59
Oral screens	..	..	..	..	..	..	5

Prosthetic Dentures:

Part upper dentures	..	..	..	..	..	..	342
Part lower dentures	..	..	..	..	..	..	13
Full upper dentures	..	..	..	..	..	..	2
Full lower dentures	..	..	..	..	..	..	1
Repairs to dentures	..	..	..	..	..	..	126

Mr. Walpole Day submitted the following report:—

‘ The great demand for orthodontic treatment continues and there is little hope that it will be possible to meet it in the immediate future.

The vacancy for a full-time orthodontist has not yet been filled although it has been advertised for more than two years. We have, however, secured the help of Mr. Breakspear who is doing two sessions per week and this will enable us to take on a few of the more severe cases, but there remain a great many more who have little hope of receiving treatment either at the Sheep Street Orthodontic Clinic or elsewhere in the city.

	1959	1958	1957	1956
Number of cases commenced ..	310	340	348	310
Number of cases carried forward				
from previous year	72	356	450	152
Number of cases completed ..	209	386	283	235
Number of cases discontinued ..	38	41	31	24
Number of cases treated with appliances	684	288	292	264
Removable appliances	368	369	370	349
Fixed appliances	34	39	34	22
Number of cases summoned for treatment	5,473	5,211	4,979	4,857
Total attendances	4,603	4,480	4,273	4,229
Active treatments	2,929	3,088	2,947	2,882
Observation	1,675	1,392	1,326	1,347
Number of x rays taken	678	483	657	700
Number of sessions worked ..	323	252	237	243
Average per session	14.25	17.8	18.0	17.4
Number of cases on waiting list ..	637	614	751	571

Other Operations

The detailed analysis below of other operations does give a picture of the varied nature of the work carried out in the school clinics. These miscellaneous operations are time consuming but they are an integral part of any dental service. Children attending the clinic for advice offer a valuable opportunity for the dentist to see the parents and give advice with reference to correct diet, oral hygiene and other preventative measures.

<i>Permanent Teeth</i>	1959	1958	1957	1956	1955
Advice	6,302	5,217	4,812	5,161	4,049
Zinc Oxide dressing ..	3,614	3,624	3,588	4,807	3,833
Root fillings	49	43	35	26	39
Gum treatment ..	272	231	203	206	111
Stoning and trimming	480	283	277	276	484
Scaling	1,891	1,608	1,537	1,527	1,199
Imps., bites and try ins.	612	735	716	574	557
	13,220	11,741	11,165	12,577	10,349
 <i>Temporary Teeth</i>					
Advice	876	692	736	781	867
Silver Nitrate	182	271	265	84	166
Dressings	962	904	816	776	386
	2,019	1,867	1,817	1,641	1,419
 Total number of dentures provided for school children ..	450	499	421	359	245

Clinics

An additional surgery has been built at Maas Road Clinic to provide a dental block containing two surgeries communicating with a common recovery room, and an exit which is separate from the waiting room. Modern equipment and dental units have been installed and the surgeries are most attractive. An additional surgery was very necessary as the demand for dental treatment is growing rapidly in this area. The old dental surgeries at Yardley Green Road Clinic were very small and narrow which made working conditions difficult. The structure of the clinic was such that the surgeries could not be made wider but these have both been extended outwards about six feet. The result is excellent and the surgeries are much more pleasant for operator and patient. Should an emergency arise it is now possible to have complete access to the child, which was not possible previously.

When dealing with very apprehensive children who have sensitive teeth, the work has to be done with meticulous and sympathetic care. A well designed and equipped surgery does much to offset the tiredness of the operator which results in loss of efficiency. In this way a good surgery helps to improve technique and to eliminate pain and discomfort which is of such importance when children are being treated.

The replacement of the older equipment continues as funds become available and two dental units were supplied to Yardley Green Road Clinic and one to Warstock Clinic. In due course all the clinics will be brought up to the standard of the re-equipped surgeries. The new dental air turbine which is capable of speeds up to 50 times those produced by the present motor drill and does much to reduce the discomfort of cavity preparation by the elimination of vibration and pressure, is being carefully studied. These factors make it desirable for the treatment of children where cavity preparation can be an ordeal. If, in fact, the work can be done quickly and with a minimum of pain, there is no doubt that it has a place in the equipment of a school clinic. It is hoped to make provision for some of these air rotors in the near future.

Finally, I would like to express my sincere thanks to all dental officers, part-time and full-time, for another year of excellent work, and to recognise the loyal service of the dental attendants who have done much to promote the smooth running of the Service. The Head Teachers and teaching profession have been of incalculable help during the year and I welcome this opportunity to thank them for their co-operation and assistance. The dental clerks and clerical staff have been, as always, most helpful and unremitting in their application to the good of the Service."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports:—

“During the year, 107 new patients were seen and there were 4,228 other attendances (including 283 first recalls). The total number of attendances was therefore 4,618. There were 280 home visits made, of which 244 were successful. This is less than last year owing to the illness of Nurse C. Butt.

In order to facilitate bi-weekly treatment in some cases and to reduce congestion in the waiting hall, a new session on Friday mornings has been commenced. The need for the extra session is mainly during the winter months when treatment of seasonal allergic disease such as hay fever is proceeding and adding to the numbers of children attending.

I should like again to express my gratitude to the nursing staff of the clinic and to Dr. Cohen and his staff for all their help.

Clinical Trials

1. *Glycyrrhetinic Acid and its Active Isomers.*

These preparations are derived from liquorice root and have an anti-inflammatory action. They can be taken by mouth or applied to the skin in an ointment. Taken by mouth they are not unpleasant and they are quite harmless. A small trial was carried out to see if any useful effect could be demonstrated in children with asthma using a similar method of assessment to that for the hydrocortisone inhalation trial. Unfortunately no benefit could be demonstrated. The glycyrrhetinic acid tablets were kindly supplied free by Biorex Ltd. through their Managing Director, Dr. Gottfried.

2. *Hypnosis.*

In association with Dr. C. L. C. Burns, a clinical trial of hypnosis in children with chronic asthma was completed. Although there was subjective improvement in several cases, no objective evidence of improved respiratory function could be demonstrated either immediately after hypnosis or after four weekly treatments. This disappointing result was reported at a meeting of the West Midlands Physicians Association and will be published in the British Journal of Diseases of the Chest. Dr. Burns may, however, find it possible at a later date to resume this work and to devote longer periods to the treatment of individual children.

Corticosteroid Treatment

The use of the new synthetic steroid drugs in asthma became possible ten years ago with the synthesis of Cortisone and the commercial preparation of this and other compounds with a similar action. This type of treatment is palliative only. It may give temporary relief from the asthma but does nothing to cure the condition. Owing to certain dangers and side effects of this treatment it has only been used to give relief to the most severe cases and has always been combined

with specific treatment and advised only after full investigation of the case. No significant unpleasant or dangerous effects have been encountered in 25 cases, some of which have had two years on this treatment. The effects have proved highly satisfactory and in most cases have converted a severe chronic invalid who could seldom attend school, into a child able to live a normal life and benefit from education while at the same time receiving specific treatment for his or her illness. Great care has been taken to avoid interference with growth and indeed in most cases the children have improved greatly in general health and begun to catch up in height and weight. Children with severe asthma are nearly always under normal height and weight due, probably, to very poor appetite.

Specific Desensitisation Therapy

Having the advantage of a well established organisation with experienced staff, it is usually easier to give this type of treatment at the clinic but in some cases the family doctor carries on, particularly in the older children attending grammar schools.

Great care is taken and in the clinic each dose is prescribed by the doctor individually for each child, checked and given by the nurse. The patients are not allowed to depart until seen again after 20 minutes.

Such treatment is given where the asthma is wholly or partly due to sensitivity to material inhaled in the air such as pollen grains from grasses, shrubs or trees, spores from moulds or dust from fabrics, etc. House dust is the commonest inhalent allergen affecting children in Birmingham and grass pollen the commonest seasonal allergen causing symptoms in summer. Other things often play a significant part in asthma in Birmingham children and pollution of the air with irritant gases such as sulphur dioxide is undoubtedly of great importance. Desensitisation does not affect this aspect.

Some results of desensitisation treatment can be given.

Pollen Vaccine Treatment.

Rendered symptom free	..	..	..	..	34 (55.46%)
Improved	..	..	..	..	20 (30.67%)
Not improved	..	..	..	..	9 (13.87%)
TOTAL					63

Those who had had treatment over more than one season had the best results (72% symptom free).

House Dust Vaccine Treatment.

Much improved	..	..	..	..	60 (49.18%)
Slightly improved	..	..	..	..	24 (19.67%)
Not improved	..	..	..	..	38 (31.15%)
TOTAL					122

Success is neither so complete nor so certain in perennial as in purely seasonal asthma but although these results are much less satisfactory than might be hoped, they represent a great deal of effort. Truly there is room for new advances in the treatment of this distressing condition, but in the meantime school children in Birmingham can have the benefit of the best that is available with at least a reasonable degree of success."

ORTHOPAEDIC DEFECTS

Mr. F. G. Allan reports:—

" Clinics

During the past year periodic Orthopaedic Advisory Clinics have been held at Sheep Street Clinic where selected cases have been reviewed in consultation with the Principal School Medical Officer, or his deputy, and the whole of the physiotherapeutic staff serving the remedial exercise clinics. New cases are analysed and a treatment programme outlined, and the progress of children on treatment reviewed, when the opportunity is taken to discuss thoroughly any difficulties which have arisen. The numbers seen represents only a small proportion of the whole problem since treatment for the common defects is standardised and can commence as soon as the case is notified to the department by any of the School Medical Officers. Cases are also referred from the Children's Hospital and from the Royal Orthopaedic Hospital when it is more convenient for the child to be treated at one of the School Clinics.

Reference to Hospital

A small number are referred to an orthopaedic hospital out-patient department if x ray examination is required or if the supervision needed is orthopaedic only without remedial treatment. Certain cases are referred for admission but with early recognition and treatment of many defects this proportion falls every year.

Special Observations

Last year I reported on certain aspects of shoe fitting and their affect on children's feet and the figures for toe deformities were given. I am aware of no improvement in this state of affairs in spite of the publicity given to the problem following the reports of many Medical Officers. I believe the incidence of hallux valgus for instance is less in schools where some uniformity of clothing or even of school uniform is demanded since this always includes a regulation shoe. The wearing of a regulation shoe in the Birmingham schools could inflict no financial hardship on parents and would soon be accepted as a matter of course by adolescent girls concerned since all would be treated alike.

The following is a summary of certain cases examined during the year at the Sheep Street Clinic:

<i>Reason for Attendance</i>	<i>Number of Children Treated</i>	<i>Number of Attendances</i>
Remedial Exercises	2,460	33,048
Massage	235	2,358
Radiant Heat	192	1,324
Electrical Treatment	43	423
Other Purposes	522	2,094
TOTAL ..	3,452	39,247

<i>Defect</i> 1	<i>Number Treated</i> 2	RESULT OF TREATMENT				
		<i>Remedied</i> 3	<i>Much Improved</i> 4	<i>Slightly Improved</i> 5	<i>Unchanged</i> 6	<i>Discontinued Treatment</i> 7
Spinal Curvature ..	288	111	78	55	21	23
General Muscular Debility	340	59	94	108	44	35
Various forms of Paralysis	13	—	4	3	4	2
Deformities of the Foot	1,431	296	367	406	193	169
Asthma	272	29	102	63	43	35
Bronchiectasis ..	21	—	8	7	6	—
Bronchial Catarrh ..	354	98	125	64	27	40
Injuries to Limbs ..	47	37	4	1	4	1
Wry Neck, etc. ..	153	92	14	24	5	18
TOTAL ..	2,919	722	796	731	347	323

Total number of individual children treated during the year, 2,717.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below:

1. Postural Defects:

Kyphosis	..	..	..	..	..	..	21
Scoliosis	..	..	..	..	..	..	9
Poor posture	..	..	..	..	..	..	3
Thoracic deformity	..	..	..	..	..	..	4
Lordosis ..	..	..	..	..	..	..	4

2. Defects in Extremities:

(a) Foot and Ankle:

Pes Cavus	..	..	..	..	..	7
Pes Planus	..	..	..	..	..	3
Hallux Valgus	..	..	..	..	..	22
Hallux Rigidus	..	..	..	..	..	1
Valgoid Ankles	..	..	..	..	..	11
Knock Knee ..	..	..	..	..	..	16
Hammer Toe	..	..	..	..	..	7
Tight Tendo Achilles	..	..	..	..	..	1
Toe Deformities	..	..	..	..	..	4
External Rotation of Tibia	..	..	..	..	..	2
Metatarsalgia	..	..	..	..	..	1
Painful feet and ankles	..	..	..	..	..	3
Bursa, back of knee	..	..	..	..	..	1
Flat Feet	..	..	..	..	..	6
Spasticity, left leg	..	..	..	..	..	1

(b) Arm and Shoulder Girdle:

Painful Trapezius	..	..	..	..	..	1
Torticollis	..	..	..	..	..	3

3. Disease:

Osteochondritis	..	..	..	..	..	5
Schlatters Disease	..	..	..	..	..	1
T.B. Knee	..	..	..	..	..	1

4. Other Conditions:

Tight Hamstrings	..	..	..	..	..	1
Rheumatism	..	..	..	..	..	2
Shortening of Femur	..	..	..	..	..	1
Calcaereo-navicular Fusion	..	..	..	..	..	1

I am again indebted to the medical and physiotherapy staff for their great interest and help."

ULTRA-VIOLET RAY TREATMENT

	<i>Number Treated</i>	<i>Cured or Much Improved</i>	<i>Improved</i>	<i>No Better</i>	<i>Ceased to Attend Before Completion of Cure</i>
Debility	701	234	317	57	93
Rheumatism	11	2	7	—	2
Chorea	9	—	6	3	—
Bronchitis and Asthma ..	437	137	212	17	71
Nasal Catarrh, etc. ..	358	102	189	25	42
Enlarged Glands	65	9	38	3	15
Otorrhoea and Deafness ..	40	12	25	—	3
Blepharitis and Conjunctivitis	37	16	17	2	2
Anaemia	14	4	8	—	2
Chilblains	6	4	1	1	—
Alopecia	11	4	3	3	1
Eneurisis	28	8	12	7	1
Other Skin troubles ..	174	54	86	13	21
Sleep Walking	1	1	—	—	—
Colds	38	20	15	2	1
TOTAL ..	1,930	607	936	133	254

CHIROPODY CLINIC

Mr. H. Wildbore reports on the work carried out:—

“The proportion of corrective work carried out has again increased during 1959, and now forms the major part of the work. As most of the children admitted for corrective treatment were aged 7—9 years the results have been satisfactory. A large proportion of teenage girls have deformities of toes, particularly hallux valgus, but corrective work is ineffective, particularly for girls who insist on wearing unsuitable shoes. It would seem desirable if the authority could assume the responsibility of the parents and insist on pupils wearing lace-up or strap shoes with low heels while attending school.

During the year four sessions were spent inspecting children at Junior Schools.

The appointment of Mrs. S. M. Jackson to commence duties in January 1960, is most welcome and will greatly increase the scope of the department.

Analysis 1959									
Condition									Number of Cases
Plantar Warts — single	..	..	..	..	..	..	..	..	33
Plantar Warts — multiple	..	..	..	..	..	..	..	..	69
Warts on Hands, etc.	..	..	..	..	..	..	..	..	17
Corns	..	..	..	..	..	..	..	..	46
Interdigital Corns	..	..	..	..	..	..	..	..	6
Callous	..	..	..	..	..	..	..	..	19
Onychocryptosis	..	..	..	..	..	..	..	..	7
Involuted Nails	..	..	..	..	..	..	..	..	3
Onychophosis	..	..	..	..	..	..	..	..	3
Onychogryphosis and Onychauxis	..	..	..	..	..	..	..	..	10
Pes Cavus	..	..	..	..	..	..	..	..	2
Pes Valgus	..	..	..	..	..	..	..	..	16
Hallux Valgus	..	..	..	..	..	..	..	..	31
Hammer Toes and Mallet Toes	..	..	..	..	..	..	..	..	9
Clawed and Retracted Toes	..	..	..	..	..	..	..	..	6
Burrowing Toes	..	..	..	..	..	..	..	..	41
Overlapping Toes	..	..	..	..	..	..	..	..	18
Varus, 5th Toes	..	..	..	..	..	..	..	..	1
Painful Heels	..	..	..	..	..	..	..	..	3
Acute strain	..	..	..	..	..	..	..	..	1
Bursitis	..	..	..	..	..	..	..	..	1
Sub-ungual Exostosis	..	..	..	..	..	..	..	..	1
Hyperkeratosis	..	..	..	..	..	..	..	..	1
Anhydrosis	..	..	..	..	..	..	..	..	1
Ganglion	..	..	..	..	..	..	..	..	1
Chilblains	..	..	..	..	..	..	..	..	3
Tinea Pedis	..	..	..	..	..	..	..	..	6
									355
Total number of new cases	..	..	..	..	..	..	..	..	230
„ „ „ re-examinations	..	..	..	..	..	..	..	..	780
„ „ „ attendances	..	..	..	..	..	..	..	..	1,010
„ „ „ treatments	..	..	..	..	..	..	..	..	1,408
„ „ discharged	..	..	..	..	..	..	..	..	210
„ „ referred to Physiotherapists, etc.	..	..	..	..	..	..	..	..	16
„ „ still under treatment	..	..	..	..	..	..	..	..	129
„ „ of cases of Verruca discharged	..	..	..	..	..	..	..	..	117
„ „ „ attendances before discharge	..	..	..	..	..	..	..	..	493
Average attendances per case of Verruca	..	..	..	..	..	..	..	..	4.2

Summary of inspections carried out at schools during 1959. Four sessions were used for this purpose and the children seen were aged 7—9 years.

						<i>Girls</i>	<i>Boys</i>
Number of children seen	..	..	..	..	..	105	133
Conditions observed:							
Pes Valgus	..	..	..	..	..	47	64
Hallux Valgus	..	..	..	..	..	12	8
Hammer Toes	..	..	..	..	..	1	1
Burrowing Toes	..	..	..	..	..	21	34
Overlapping Toes	..	..	..	..	..	—	1
Clawed Toes	..	..	..	..	..	1	1
Corns and Callous	..	..	..	..	..	9	11
Onychauxis or Onychogryphosis	..	..	..	..	..	5	5
Verrucae	..	..	..	..	..	1	3

A total of 65 children were recommended for treatment, mostly minor, in the Chiropody Department, and 8 for treatment in the Physiotherapy Department.”

SPEECH THERAPY

Miss E. S. Sprayson, Senior Speech Therapist, reports:—

“ Staff

Miss Jenifer Richmond was appointed to the service on 1.3.59. She replaced Mrs. Sheila Masters (nec Wilkinson) who had resigned on 30.11.58.

In September Mrs. Renee Hughes, Miss Brigid Thompson and Miss Jennifer Coxon were appointed, replacing Miss Elizabeth A. Goodall (who resigned on 26.6.59), Miss Heather Shilton (who resigned on 30.6.58) and Miss Susan M. N. Williams (who resigned on 31.8.58).

Miss Sheila M. Kalra was granted leave of absence, to take up an appointment in Nova Scotia, for twelve months and Mrs. Ann Scott was appointed for 7 sessions at the Moseley Road Clinic for the period of Miss Kalra’s absence abroad.”

Mrs. Barbara Hull reports on the effects of a speech defect or disorder on the general development of the child:

“There seems to be a growing awareness of the far reaching effects a speech defect, or disorder can have on the general development of the child.

Speech and language are a natural means of expression and communication, and any difficulties with these can handicap the child. Socially he may be unable to make the necessary contacts; he may be unwilling to try to make friends; perhaps worry about being misunderstood when shopping; or fear being laughed at when reading in class. The teasing by playmates, or perhaps thoughtless handling by adults can make a child feel somehow inferior.

The bearing on school work is often seen only too clearly, and one hears that 'the speech defect is retarding progress in class work'. How often the child is too scared to show initiative in school.

This fear of speech breeds fear, and so a vicious circle is built up, affecting the child's total personality, and the general slowing of development, by no means necessarily dependent upon intelligence.

The degree of adjustment does depend very largely on the parents, and can perhaps be illustrated by Mrs. S., mother of two children who have had clefts of both palates and lips of varying degrees. The help she has given them in overcoming teasing about their appearance, has given them a healthy attitude towards life.

In helping the child to achieve normal speech the whole personality has to be considered so that the child can develop as an individual and live a normal life."

Miss Jennifer Beckett and Miss Eileen Sprayson report on their work with under school age children:—

"1959 was the first full year in which children under five years were treated in larger numbers than hitherto as a result of the arrangement with the Public Health Department.

At the George Road Clinic 33 children of under school age were referred. Of these children:

- 15 were admitted for group treatment (3 of these advancing to individual treatment during the year).
- 6 children were admitted for individual treatment.
- 7 were placed under observation.
- 4 were interviewed and were awaiting treatment.
- 1 child was still on the waiting list, awaiting an initial diagnostic interview.

Referrals were received from the following sources:

- 11 from Superintendents of Nursery Schools.
- 4 from School Medical Officers visiting Nursery Schools.
- 1 from a parent of a child attending a Nursery School.
- 17 from the Public Health Department.

The most important aspect of the treatment is to allay the anxiety exhibited by the parents. They must be helped to understand and cope with their child's problem. Invariably the parents have a sense of guilt about the child and it is necessary to discuss this together with other aspects of each case; possible cause of speech or language defect, behaviour difficulties associated with the defect. Advice is given in the ways the immediate problem may be tackled.

It has also been found that the parents help each other by discussing their children in the waiting room. Occasionally the therapists join in these discussions and are able to utilise the opportunity to the parents benefit.

Group work with the children consisted of:

- (a) General speech stimulation — playing with toys, playing in the garden, water play, simple acting and speaking rhymes.
- (b) Story telling in which the children are encouraged to join in.

In this way the child becomes more relaxed in speech situations and can gradually be encouraged to carry out some work on the particular sounds he finds difficult.

No formal speech therapy was carried out at this stage, and latterly no home practise was given.

It was possible in some cases to refer the children for admission to Nursery Schools or Classes. This was most beneficial where it was thought that the child would find it difficult to make the transition from home to school life.

Individual treatment was given where children's speech and language development was such that formal speech therapy was possible at an early age. Also as a follow-up from group treatment usually immediately prior to attendance at Infants School."

Miss Barbara Lymn reports on gross dyslalia:—

"The term dyslalia covers a wide field, from the mispronunciation of only one sound to the cases of gross dyslalia where sounds are so substituted or omitted that speech is unintelligible to everyone, mother often included.

In the category of gross dyslalia, the boys, in the past have been in the majority, bearing out the theory that girls talk earlier and women always keep the advantage in the verbal field. In the new admittances at the Birchfield Road Clinic in 1958, six boys and one girl were classed as gross dyslalia, but in 1959 five boys and six girls were so classed — a great increase in girls whose speech was unintelligible.

The ages of the boys varied from four years five months, to seven years three months, that of the girls from four years six months, to seven years three months. Comparisons in the case histories were more varied. The boys showed signs of emotional disturbances other than in speech — fear of going alone to the lavatory, toe-nail biting, refusal to join in family activities, enuresis, diureses and temper tantrums. The girls, except for one, were well adjusted socially, they were very eager to talk, were good mixers and popular. In the boys early histories rejection by the parents, jealousy of siblings and family disunity gave more obvious reasons for the disturbances, but there was little of note in the girls histories. Three had had semi-serious accidents and two had important environmental changes at the time of the speech and language acquisition, the sixth girl who had spasticity in her left

arm and leg was spoilt by her parents. There was one factor which the girls had in common, despite the families varying in size from two to seven, the speech defective girl was, in each case, the youngest or next to youngest.

During treatment more guidance and advice in handling the child is given to the boys parents because of the emotional disturbances, whereas more direct speech work is carried out with the girls.

Although improvement is taking place, none of the girls are ready for discharge so it is too early to say whether they respond quicker to treatment than the boys. The reason for the increase in grossly dyslalic girls has not yet been found. It will be of interest to note if the trend continues in 1960."

Miss Jennifer Warner reports on group treatment of girl stammerers:—

"Group treatment has been carried out at the Handsworth Clinic this year with a group of five girl stammerers. Age and type of stammer was taken into consideration when building up the group.

The eldest girl was twelve years nine months and the youngest ten years eleven months. When they began treatment four out of the five had severe tonic stammers giving rise to gross disruptions in fluency and one had a marked repetitive stammer. All showed increased bodily tension when stammering and in two cases facial grimaces were present. All five were lacking in general confidence and had considerable difficulty and fear when dealing with speech situations such as answering the register in school, asking and answering questions, going shopping, taking messages and asking for bus fares. All stammered both at home and at school.

Treatment has included:

- (a) *Relaxation*, with particular emphasis on minimising excess body tension when speaking. In all cases there has been a marked decrease in tension and the facial grimaces are now under control.
- (b) *Building up of confidence* with emphasis on confidence in speaking. This has included puppet plays done individually and as a group, impromptu plays, reading, recording and speech games. All the children will now join in and speak freely.
- (c) *Using their easier speech in everyday situations*. This has included shopping expeditions, bus rides, taking messages to the various departments in the clinic and using the telephone.

All the children are showing a marked improvement in the clinic and this is being carried over successfully at home and in school in four out of the five children."

STATISTICS 1959

	1959	1958
Number of cases under treatment	1,060	965
Number of cases referred for treatment	757	569
Number of cases transferred between clinics while on the waiting list	72	70
Number of cases admitted for treatment	532	438
Number of cases failing to attend interviews	52	59
Number of cases where Speech Therapy was unnecessary	149	135
Number of cases discharged	361	437
Number of cases on the waiting list	369	345
Number of interviews with parents or guardians ..	1,449	1,324
Number of schools visited	49	46
Number of homes visited	17	16
Number of visitors to the clinic	32	62

CHILDREN UNDER TREATMENT — CLASSIFICATION OF DEFECTS

	1959	1958
Alalia	1	3
Dyslalia	514	470
Sigmatism	91	74
Stammer	281	307
Stammer and Dyslalia	44	28
Stammer and Sigmatism	14	3
Clutter and Rotacism	1	—
Language Retardation	28	30
Language Retardation and Dyslalia	14	—
Aphasia	—	1
Dysphasia	5	2
Dysphasia and Dyslalia	1	—
Post-operative Cleft Palate	16	16
Cerebral Palsy	5	2
Dysarthria	—	4
Hyper-rhinolalia	4	13
Hyper-rhinophonia	4	13
Hypo-rhinophonia	1	—
Hyper-rhinophonia and Sigmatism	1	—
Mixed Nasality	1	—
Aphonia	—	1
Dysphonia	4	4
Dysphonia and Sigmatism	1	—
Partially Deaf	11	3
Retarded Speech and Language Development due to Mental Subnormality	5	—
Brain Damage	1	—
Undiagnosed	12	1
TOTAL ..	1,060	965

SOURCES OF REFERRAL							1959	1958
School Doctors	..	..	..	..	..	..	328	279
Birmingham Children's Hospital	..	..	..	..	..	..	25	16
School visits by Speech Therapists	..	..	..	..	..	..	127	45
Heads of Schools	..	..	..	..	..	..	165	164
Parents	..	..	..	..	..	..	28	24
Child Guidance Clinics	..	..	..	..	..	..	22	14
Parent Guidance Clinic	..	..	..	..	..	..	1	1
General Practitioners	..	..	..	..	..	..	6	6
After-Care Officers	..	..	..	..	..	..	9	9
Aural Clinic	..	..	..	..	..	..	6	1
Dudley Road Hospital	..	..	..	..	..	..	—	1
Public Health Department	..	..	..	..	..	..	30	3
Residential Homes	..	..	..	..	..	..	6	3
Uffculme Clinic	..	..	..	..	..	..	—	1
Wordesley Hospital	..	..	..	..	..	..	—	1
Selly Wick House	..	..	..	..	..	..	—	1
Selly Oak Hospital	..	..	..	..	..	..	3	—
N.S.P.C.C.	..	..	..	..	..	..	1	—
TOTAL ..							757	569

REASONS FOR DISCHARGE							1959	1958
Cured	..	..	..	..	..	..	140	184
Speech very much improved	..	..	..	..	..	..	73	77
Speech improved	..	..	..	..	..	..	1	—
Discharged to other clinics outside the city	..	..	..	..	..	..	4	2
Speech Therapy unnecessary	..	..	..	..	..	..	12	17
Referred to Child Guidance Clinics	..	..	..	..	..	..	12	6
Failed to attend	..	..	..	..	..	..	51	68
School leavers whose speech had very much improved	..	..	..	..	..	..	14	6
School leavers whose speech had not improved	..	..	..	..	..	..	2	3
Left Birmingham district	..	..	..	..	..	..	8	11
Transferred to Special Schools	..	..	..	..	..	..	12	8
Referred to Birmingham Children's Hospital	..	..	..	..	..	..	2	—
Discharged to other clinics within the city while under treatment	..	..	..	..	..	..	27	55
Deceased	..	..	..	..	..	..	1	—
Parents refused treatment	..	..	..	..	..	..	2	—
TOTAL ..							361	437

ATTENDANCES AT SPEECH CLINICS							1959	1958
Birchfield Road	..	..	..	..	..	..	1,834	1,917
Dame Elizabeth House	..	..	..	..	..	..	2,024	3,209
George Road	..	..	..	..	..	..	1,715	1,742
Handsworth	..	..	..	..	..	..	1,329	1,229
Kings Heath	..	..	..	..	..	..	1,747	1,658
Kingstanding	..	..	..	..	..	..	204	323
Lea Hall	..	..	..	..	..	..	1,173	291
Moseley Road	..	..	..	..	..	..	915	1,183
TOTAL ..							10,941	11,552

TUBERCULOSIS

Dr. V. H. Springett, Medical Director of Birmingham Chest Services, reports:—

“ Notifications

Notifications of tuberculosis in children of school age (5—14 years) were in 1959 just half those of 1958, the total being 52 compared with 103. There was a substantial fall also at pre-school ages, notifications being reduced from 69 to 47. The total of notifications up to age 14 years was 99 — the first time that the figure has been below 100 in one year. The decrease in notifications was rather greater for non-pulmonary forms of the disease, from 21 to 8, than for pulmonary forms of the disease, reduced from 151 to 91.

Deaths

There were no deaths from tuberculosis in children of school age, and only one in a child of pre-school age.

Contact Examinations

	<i>Examined</i>	<i>Found Tuberculous</i>
0—15 years	1,146	15 1.3%

The number of children routinely examined because of tuberculosis in another member of the family showed a considerable decrease, only 1,146 in the year. This decrease is almost certainly due to the great reduction in notifications at all ages in the year 1959 compared with 1958. The number of cases of tuberculosis found as a result of these examinations also fell considerably, to 15, having been steadily increasing in the previous three years.

Sanatorium Treatment

The number of children admitted to hospital for treatment of tuberculosis also declined during the year, there being only 69 admissions to Yardley Green Hospital and 48 admissions of Birmingham children to Kyre Park Hospital, Tenbury Wells. At both hospitals the excellent arrangements for continued education of child patients were continued.

Table 1

BOYS AND GIRLS ANNUAL NOTIFICATIONS AND DEATHS
FROM TUBERCULOSIS IN CHILDREN OF SCHOOL AGE OR LESS

			<i>Notifications</i>			<i>Totals</i>	<i>Deaths</i>
			0—4	5—9	10—14	0—14	5—14
			<i>Years</i>	<i>Years</i>	<i>Years</i>	<i>Years</i>	<i>Years</i>
1936-40	..	..	65	41	34	140	21
1941-45	..	..	78	44	36	158	22
1946-50	..	..	95	66	52	213	16
1951	..	..	96	82	41	219	8
1952	..	..	94	84	71	249	4
1953	..	..	99	115	69	283	3
1954	..	..	82	66	74	222	3
1955	..	..	74	86	69	229	3
1956	..	..	85	62	54	201	1
1957	..	..	42	51	44	137	0
1958	..	..	69	44	59	172	2
1959	..	..	47	22	30	99	0

Table 2
BOYS AND GIRLS NOTIFICATIONS AND DEATHS
FROM PULMONARY AND NON-PULMONARY TUBERCULOSIS

<i>Age Groups</i>	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>All Forms</i>	
	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>	<i>Cases</i>	<i>Deaths</i>
0—4 years	45	1	2	0	47	1
5—9 years	18	0	4	0	22	0
10—14 years	28	0	2	0	30	0
TOTALS ..	91	1	8	0	99	1 "

MEDICAL RESEARCH COUNCIL

Dr. Mitchell reports:—

“ The follow-up of some 1,500 volunteers who joined the Medical Research Council’s Clinical Vaccines Trial in 1951-52, when in their final term at various Secondary Modern Schools in the Birmingham area, continued throughout 1959.

Each participant was asked to complete a postal questionnaire and was subsequently visited by a Health Visitor on the staff of the Birmingham Public Health Department. These measures are designed primarily to detect evidence suggestive of tuberculosis morbidity and the Home Visit preceeds as nearly as possible an invitation to the volunteer to attend our Mobile X Ray Unit in the area concerned.

The second report of the Tuberculosis Vaccines Clinical Trials Committee to the Medical Research Council was published in September 1959. This report assesses the benefit which accrues from anti-tuberculosis vaccination over a five-year period and shows a percentage reduction in incidence of tuberculosis of 83% for B.C.G. vaccine and 87% for Vole Bacillus vaccine.

It is a pleasure to acknowledge the continuing collaboration of the School Health Services, Public Health Departments, Chest Clinics and hospitals with the Medical Research Council in the conduct of the trial.”

B.C.G. VACCINATION

Number of schools (within the scheme)	185
Number of visits to schools	370
Number of clinics held at Public Health Department for children who were absent at time of visit to schools	16
Number of parents approached	14,128
Number of parents who accepted B.C.G. for their children ..	10,948
Number of parents who refused B.C.G. for their children ..	3,180

<i>Children Fully</i>	<i>Number</i>	<i>Number</i>	<i>Number</i>
<i>Mantoux Tested</i>	<i>Positive</i>	<i>Negative</i>	<i>Vaccinated</i>
10,324	969	9,268	9,226

1 IN 10 SAMPLE TESTING A YEAR AFTER VACCINATION

<i>Number Tested</i>	<i>Number Converted</i>	<i>Number Not Converted</i>
715	700	15

From 1st January—31st August, 1959, 253 x ray appointments (M.M.R.) were offered to children who gave strongly positive results to Mantoux 1/1,000.

Two children (of the above) were referred from Mass Radiography to the Chest Clinic and notified as tuberculous during 1959.

All children who gave positive Mantoux results (other than strongly positives), or failed for reading, or when doubtful Mantoux result, or refused Mantoux tests, were offered x ray appointments by the School Health Service (for M.M.R.).

One child from the above was referred by Mass Radiography to the Chest Clinic and notified as tuberculous.

Following the Adrian report in September 1959, every child who has given a positive Mantoux result has been offered an x ray appointment at the Mass Radiography Centre by the Public Health Department — these are large films.

476 appointments were given (between 1st September — 31st December, 1959).

38 children who gave a strongly positive Mantoux result were referred to the Chest Clinic by Mass Radiography. Two have since been notified as tuberculous.

Special Investigation

During 1959 a visit was made to a Junior School following the notification of one of the staff, and Mantoux tests were carried out where parents gave permission:

Mantoux tests	43
Negative	30
Vaccinated	2 = Staff
Positive	10
Failed for reading	3

10 children and staff were x rayed, plus one child who had a history of tuberculosis. This made 11 x rays in all.

One child, born 26.5.48, was x rayed and referred to the Chest Clinic. She has since been admitted to Kyre Park.

MASS RADIOGRAPHY SURVEYS

Dr. L. A. McDowell, Medical Director, gives the following table:—

BIRMINGHAM MASS RADIOGRAPHY SERVICE
Mass Radiography Surveys of Children attending Birmingham Schools, 1959

Group	NUMBER X RAYED			RESULTS OF THE SURVEYS					
	Boys	Girls	Total	Tuberculous Conditions			Other Abnormalities		
				Active	Inactive		Referred to Chest Clinic or Hospital	Reported to Doctor Only	No Action
					Referred to Chest Clinic	Reported to Doctor Only			
All Schools (including KE Foundation)									
1. Examined by miniature film January to August									
Tuberculin-positive children and children whose parents refused to allow them to be tuberculin-tested	1,506	1,311	2,817	2	26	2	7	5	9
*2. Examined by full-size film September to December									
Tuberculin-positive children only . .	263	271	534	1	14	4	2	3	2
TOTALS . .	1,769	1,582	3,351	3	40	6	9	8	11

Active Tuberculosis=3 cases (0.9 per thousand examined).

In addition, 10 tuberculin-positive children (age 10 and 11 years), from a class where the teacher was found to be suffering from tuberculosis, were x rayed. 1 case of active tuberculosis was discovered.

* In accordance with the Report of the Adrian Committee on Radiological Hazards to Patients, it was decided that children should be x rayed on full-size film only, and this was put into effect from September, 1959.

CHILD GUIDANCE SERVICE

Dr. Burns, the Senior Psychiatrist, reports:—

“ One of the interesting and unexpected developments in Child Guidance has been the apparently increasing prevalence of what is known as ‘school phobia’ or ‘school refusal’.

The subject has been discussed at two Conferences in London organised by the National Association for Mental Health under the title: ‘Truancy — or School Phobia’? It has been pointed out that truancy, *i.e.*, deliberate staying away from school singly or in little gangs, has become far less prevalent; but, paradoxically, as schools become pleasanter, less rigid and more understanding, ‘school phobia’ has increased.

It may not be amiss, therefore, to say a few words on the subject, particularly as it concerns other branches of the Education Authority’s organisation, notably the School Attendance and Welfare Department. Also because it is vitally important for the future mental health of these children that an accurate diagnosis should be arrived at from the very beginning, and appropriate measures taken; there is evidence to show that in some cases ‘school phobia’ may be but a preliminary to a life-long neurotic state of phobic anxiety. Moreover, some of these cases are now seen to be early manifestations of periodic depression in young girls.

Here is an example of the latter:

Jean, aged 11, was referred to me in 1957 for sudden inability to face school (although she liked the school and wished she could go); also weeping and fears at night. I treated her with drugs and psychotherapy for a few weeks, after which she resumed school. Some ten months later she had a relapse, and this time was even more obviously in a state of depression, for no discoverable reason. She quickly responded to treatment and was again able to resume school, but further relapses are possible and she will be kept under supervision.

The complaint is equally common in boys, and some years ago I described a group of cases of grammar school boys round about 12, who had developed severe phobic symptoms. The similarity in physique, temperament and type of emotional disturbance in these cases was remarkable. Some cases of this type are so severe that nothing will get them back to school, and home teaching becomes necessary. One or two have been sent to psychiatric hospitals.

It is evident, therefore, that these cases form a distinct and important category in the practice of Child Guidance, and call for the greatest possible co-operation on the part of everybody concerned. The handling and treatment of the parent is as important as that of the child. Some cases will respond quickly to sympathetic though firm encouragement so far as resumption of school goes, but may need intensive therapy to correct the underlying emotional tangle causing

the symptom of school phobia: it is important to stress this, and not to suppose that non-attendance at school constitutes the whole, or even the most important part of the problem.

In some cases the parents are standing in the child's way by being too possessive, often without realising it, and it may be justifiable to bring some official pressure to bear on them.

It is seldom if ever justifiable, however, to bring cases of school phobia to the Juvenile Court, unless other treatment has been given, and after most careful consideration. There are a few cases, of a hysterical type where forcible separation may prove to be an inevitable part of treatment.

Truancy, that is to say avoiding school deliberately, and not as a neurotic reaction, is generally part of a wider picture, one of delinquent or uncontrolled behaviour. It occurs seldom as the chief complaint in Child Guidance cases, but it appears as such in no less than 11 out of 33 cases, admitted to the Wake Green Hostel for maladjusted boys from 1952, which have been followed up.

The boys admitted to the Hostel are usually from homes where they have been rejected, or where they have not found acceptance and satisfaction. They are for the most part immature in their social adaptation, and noticeably egoistic. Of the 33 cases followed up, only 9 have shown really satisfactory progress; 7 have landed in Approved School, others are doubtful — changing jobs, unhappy, or on the fringe of trouble. These results are not very encouraging but they are not final, and with such difficult cases not much more could be hoped for. It is certainly not the fault of the devoted personnel who have cared and fought for them.

There is one more aspect of the home background of our cases which should be mentioned: the housing situation. Over-crowding, damp and insanitary conditions are still all too common. Endless letters to the Housing Management Department are written but action is taken all too seldom through no fault of theirs: because there are no houses or flats available even for the most urgent cases. This, I feel, is one of the most disheartening feature in our work, and one can only admire the heroic way in which families make the best of conditions which are a disgrace to the community of which they are a part."

Mr. J. W. Bannion, Senior Educational Psychologist, reports:—

"The main development in the Service in 1959 was in schools psychological work, through the medium of the Remedial Teaching Scheme.

In September, the addition of two teachers increased the number of schools involved from nine to fifteen and three more appointed in the autumn term will bring the total number of schools to twenty-four. An Educational Psychologist was also appointed during the term and

from 1st January will devote most of her time to work with the Remedial Teachers in the schools.

Early recognition of potential problem children in schools by the clinic-based Remedial Teachers and investigation on the spot by the School Psychologist marks a step forward in the establishment of a preventive service.

Home, of course, remains the greatest environmental influence on the child, and is the source of most maladjustment, but the chances of introducing extensive preventive measures there, by Education Committee staff, are very remote. School, however, plays a considerable part in the social and emotional development of the child and much can be done by teachers and psychologists to counter, in the early stages, the psychological disturbances originating elsewhere. Emphasis must be laid here on 'the early stages'. In addition, a proportion of children's problems may arise purely in the school situation. Large classes, frequent staff changes, and poor teaching, as every Head Teacher is well aware, are some of the major causes of retardation. The retarded child, particularly if of reasonable intelligence, becomes frustrated, and frustration breeds behaviour and emotional disturbance. It is with such cases that the Remedial Teacher is specially trained to deal. The success of his efforts are usually measured in terms of educational advance by his pupils. This indeed may in individual cases be quite striking. Up to four years' improvement in reading ability has been recorded in the course of as many months, and is obviously cause for great satisfaction. But in many cases of considerably less spectacular educational achievement, equally good work has been done. No objective measure is possible of a child's improved attitudes to learning or of his happiness and security, but these are just as important as improved attainments in reading and arithmetic and probably much more important in after-school life. Such changes are noted in the great majority of children involved in the Remedial Teaching Scheme.

Objective surveys carried out in the fifteen schools support the opinion of many Head Teachers that retardation in the basic subjects is one of the major problems in education. Child Guidance workers throughout the country are fully aware of the possible effects of this retardation on the mental health of the child. But much wider impact might be made if it were possible to assess the loss to the economy of the country due to the permanent under-functioning of those at all intellectual levels who were retarded at school. Peripatetic remedial teachers may have a limited success in tackling the problem but the real solution lies only in the increased numbers and better quality of teachers entering the profession.

As preventive measures spread into the schools, it is expected that only more seriously disturbed cases will be referred to the clinics for intensive therapy. Such an effect is not likely to result until psycho-

logical services in the schools are much more extensive than at present. Yet it was noticeable throughout the year that the type of cases under investigation and treatment tended to be more difficult than in the past. The problem of school phobia, for example, is on the increase not only in the city but throughout the country. There were also more cases involving pre-occupation with death. And in spite of a slightly better staffing ratio the number of cases closed as improved was almost 25% less than in 1958. There is much room for speculation about the causes of this trend, but it is no doubt connected with the increasing incidence of mental ill-health in adult life. World tension, the pace of modern life, road deaths, crime, housing conditions, hire-purchase debts, are but some of the features of the age that disturb adult serenity and are reflected in the emotional disturbances of children.

A disturbing feature of clinic work is the increase in assessments for placement in residential schools for maladjusted children. The number so recommended in the year was 58, an increase of almost 40% on the previous year's figures. Such cases are unlikely to respond to out-patient treatment at the clinics because of home environment. They tend to be the more serious problems and it is unfortunate that regular contact between the child and psychiatrist is lost when the residential school is a great distance away. The pressing need is for a school in or near the city where treatment would be under the personal control of our psychiatrists.

On waiting list at 31.12.58	..	..	..	..	..	..	113
<i>Sources of Referral:</i>							
Parents	..	..	..	..	..	..	85
School Medical Officers	..	..	..	..	..	..	123
General Practitioners	..	..	..	..	..	..	72
Hospitals, etc.	..	..	..	..	..	..	17
Head Teachers	..	..	..	..	..	..	210
Probation Officers	..	..	..	..	..	..	56
Other agencies	..	..	..	..	..	..	189
							<u>865</u>
<i>Reasons for Referral:</i>							
Behaviour problems	..	..	..	..	..	..	337
Nervous symptoms	..	..	..	..	..	..	82
Habit disorders	..	..	..	..	..	..	95
Educational problems	..	..	..	..	..	..	105
Multiple problems	..	..	..	..	..	..	133
							<u>752</u>
<i>Seen (682):</i>							
Accepted for regular treatment	..	..	..	..	..	..	527
Clinic diagnosis, advice and periodic supervision	..	..					155
<i>Not Seen (183):</i>							
Failed to attend	..	..	..	..	..	..	93
On waiting list at 31.12.59	..	..	..	..	..	..	90
							<u>865</u>

Cases Closed During Year:

Improved	218
Placed away from home	19
Did not materialise	93
Other reasons (e.g., no improvement, no co-operation, left district, etc.)	106
	<u>436</u>

Assessments for Special Educational Treatment (383):

Assessed as E.S.N. (59%)	216
Not E.S.N. (41%)	167
	<u>383</u>

Tested in connection with Section 57 of the Education Act, 1944	145
Surveys in Special Schools (Individual Testing)	209
	<u>737 "</u>

INFECTIOUS DISEASES AND IMMUNISATION AGAINST DIPHTHERIA AND POLIOMYELITIS

The school medical officers and nurses visit the schools for special investigation when cases of infectious diseases occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health. Where indicated, a public health medical officer visits the schools for special investigation.

No school or department was closed during the year on account of infectious disease.

The biennial periodicity beat in the incidence of measles occurred during the year with a large crop of cases.

There was a fall of cases of whooping cough compared with last year in accordance with the inverse relationship to the incidence of measles.

It is gratifying to report again that no single case of diphtheria occurred during the year. Nevertheless, it is important however to maintain the effort over immunisation if eradication of diphtheria as an indigenous disease in this country is to be brought about.

Influenza

The main force of the influenza epidemic was felt in February and was of a shorter duration than the epidemic which occurred in the Autumn of 1957. The latter epidemic was more marked in the Secondary Schools whilst the recent epidemic was more evenly spread. It would appear that no department escaped.

IMMUNISATION

Visits made to schools by the Immunisation Section of the Public Health Department during 1959 1,381

These have been divided up between B.C.G., Poliomyelitis and Diphtheria.

Injections given by the 3 sections throughout the year to school children 136,713

Below are the figures for Diphtheria:

<i>Injections given in Schools</i>	<i>Injections given</i>	
569 Nursery and Primary Schools visited	Primary ..	4,544
13 Special Schools	Supplementary	4,887
2 Open-Air Schools		
3 Residential Schools		
Total visits made to schools by Public Health Department ..		587
Total number of injections given by Health Department in schools		9,431
School children also attended local Infant Welfare Centres and Clinics held at the Health Department during school holidays:		
Primary		372
Supplementary		1,459
Total number of injections given by Health Department ..		11,262
<i>School Children Immunised by General Practitioners:</i>		
Primary 1945—1954 age group		132
Supplementary Course 1945—1954		1,604
Grand Total of injections given to school children during 1959		12,998

Below are the figures for Poliomyelitis:

<i>Injections given in Schools</i>	<i>Injections given</i>	
253 Nursery, Primary and Senior Schools visited (149 of these were re-visited)		
8 Special Schools	1st injections	6,785
1 Open-Air School	2nd injections	9,837
3 Occupation Centres	3rd injections	1,167
10 Residential Schools and Homes		
All of these were re-visited		
Total visits made to schools by Public Health Department ..		424
Total number of injections given by Health Department in schools		17,789
School children also attended local Infant Welfare Centres and Clinics held at the Health Department during school holidays, evenings and Saturday mornings to receive:		
2nd injections		9,832
3rd injections		77,520
Total number of injections given by Health Department ..		105,141
<i>School Children Immunised by General Practitioners:</i>		
Two injections, 1944—1954 age group		16,246
Third (supplementary) injections, 1944—1954 age group ..		30,999

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN WHO COMPLETED A PRIMARY COURSE IN 1959

<i>Year of Birth</i>	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	Total	Adults
Infant Welfare Centres	F.T.	6	37	45	45	31	61	45	20	13	6	3	1	1		314	
	D.P.P.	1,489	2,342	343	203	109	62	3								4,551	
Day Nurseries	F.T.		2		1	1										4	4
	D.P.P.	25	88	24	18	12	2									169	
Institutions	F.T.	1	4	2	1		3	6	3	5	1	1	2	6	7	46	4
	D.P.P.	3	22	16	11	3	4	1		1						61	
Schools	F.T.			2	31	62	709	810	397	184	25	8	9	10	4	2,260	12
	D.P.P.																
Council House	F.T.		1	2	3	8	5	18	6	4	2	1				50	
	D.P.P.	63	85	12	12	8	3									183	
General Practitioners	F.T.	35	157	82	38	20	33	15	9	3	1	1	1	2	1	398	
	D.P.P.	2,909	5,487	710	212	115	102	38	15	5	2	3	4	3	3	9,609	
TOTAL	F.T.	42	201	133	119	122	811	894	435	209	35	14	11	17	20	3,072	20
	D.P.P.	4,489	8,024	1,105	456	247	173	42	15	6	2	3	4	3	1	14,573	
COMBINED TOTAL Diphtheria and Diphtheria/Pertussis		4,531	8,225	1,238	575	369	984	936	450	215	37	17	15	20	21	17,645	20
		4,531															
2,707																	
10,407																	

DIPHTHERIA/DIPHTHERIA PERTUSSIS
NUMBER OF CHILDREN GIVEN REINFORCING INJECTIONS IN 1959

<i>Year of Birth</i>	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	Total	<i>Adults</i>
Infant Welfare Centres	F.T.				796	1,094	117	50	43	5	3	1	1		1	2,111	
	D.P.P.																
Day Nurseries	F.T.				67	41	2	2								112	
	D.P.P.																
Institutions	F.T.				7	9	6	1	4	3	2	1	2	3	3	41	3
	D.P.P.																
Schools	F.T.				219	2,228	1,481	607	262	37	14	10	5	9	5	4,877	10
	D.P.P.																
Council House	F.T.				35	90	34	10	7	1		1		1		179	
	D.P.P.																
General Practitioners	F.T.				348	1,305	210	50	20	6	6	2	1		1	1,949	3
	D.P.P.				251	916	135	25	5	5	1		2	1		1,341	
TOTAL	F.T.				1,472	4,767	1,850	720	336	52	25	15	9	13	10	9,269	16
	D.P.P.				251	916	135	25	5	5	1		2	1		1,341	
COMBINED TOTAL Diphtheria and Diphtheria/Pertussis					1,723	5,683	1,985	745	341	57	26	15	11	14	10	10,610	
					0—4 years 1,723		5—14 years 8,887										

INFECTIOUS DISEASES NOTIFIED CASES
SCHOOL CHILDREN 5—14 YEARS OLD

<i>Disease</i>	<i>Sex</i>	<i>5—9 years</i>	<i>10—14 years</i>	<i>Total</i>
Diphtheria	M	—	—	—
	F	—	—	—
Dysentery	M	105	40	145
	F	84	25	109
Encephalitis Acute Infective ..	M	—	—	—
	F	—	—	—
Encephalitis Post Infectious ..	M	—	1	1
	F	—	—	—
Erysipelas	M	2	—	2
	F	—	2	2
Food Poisoning	M	16	13	29
	F	11	4	15
Malaria	M	1	1	2
	F	—	—	—
Measles	M	2,621	75	2,696
	F	2,514	68	2,582
Meningococcal Infection	M	1	—	1
	F	—	—	—
Paratyphoid Fever	M	—	—	—
	F	—	—	—
Poliomyelitis Paralytic	M	1	—	1
	F	—	—	—
Poliomyelitis Non-paralytic ..	M	1	—	1
	F	—	—	—
Pneumonia	M	25	9	34
	F	14	6	20
Scarlet Fever	M	283	37	320
	F	305	31	336
Typhoid Fever	M	1	—	1
	F	—	—	—
Whooping Cough	M	262	17	279
	F	310	15	325
Tuberculosis	M	12	12	24
	F	10	18	28

DEATHS FROM ALL CAUSES

DEATHS (SCHOOL CHILDREN 5—14 YEARS)

<i>Cause of Death</i>			
Influenza	Male	..	—
	Female	..	1
Cancer, Digestive Organs, Peritoneum	Male	..	—
	Female	..	1
Cancer, Other Organs	Male	..	4
	Female	..	4
Cerebral Haemorrhage, Other Nervous Disorders and Sense Organs	Male	..	2
	Female	..	1
Heart Disease	Male	..	1
	Female	..	1
Aneurysm	Male	..	—
	Female	..	1
Pneumonia (all forms)	Male	..	3
	Female	..	—
Other Respiratory Disease	Male	..	1
	Female	..	—
Acute and Chronic Nephritis	Male	..	—
	Female	..	1
Congenital Malformations	Male	..	3
	Female	..	3
Suicide	Male	..	1
	Female	..	—
Other Violence	Male	..	9
	Female	..	5
Other Causes	Male	..	3
	Female	..	5
			—
		TOTAL	.. 50
			—

ACCIDENTS (FATAL) AMONG SCHOOL CHILDREN 5—14 YEARS

F	14 years	Asphyxia following inhalation of vomit associated with pyelonephritis and extensive burns. Clothing ignited from gas oven (accidental).
M	10 years	Crush injuries to head and chest (accidental).
M	6 years	Extensive burns and purulent br. pneumonia. Clothing caught fire from tin of paraffin which ignited (accidental).
M	14 years	Fractured skull. Rider of pedal cycle in collision with lorry (misadventure).
M	9 years	Fracture and dislocation of cervical spine, fracture base of skull. Subdural haemorrhage. Pedestrian in collision with motor car (accidental).
M	13 years	Cerebral softening and acute cerebral oedema. Traumatic middle, meningeal haemorrhage and haematoma. Ac. bronchial infection. Pedal cyclist falls from cycle following handlebars striking another cyclist riding alongside (accidental).
M	6 years	Cerebral compression due to extradural haematoma due to fractured skull. Fell from wall (accidental).

F	8 years	Asphyxia due to carbon monoxide poisoning due to inhalation of smoke, during fire at her home (accidental).
F	5 years	Shock due to multiple injuries including ruptured lung, spleen, liver and fractured pelvis. Child in push chair in collision with motor lorry (misadventure).
M	13 years	Uraemia due to burns 85%, whilst playing with other boys, clothing caught fire from burning straw (accidental).
F	9 years	Shock, brain laceration and fracture of skull. Fell whilst climbing horse chestnut tree (accidental).
M	13 years	Contusion of brain due to fracture of skull. Rider of pedal cycle in collision with motor car (misadventure).
M	14 years	Cerebral contusion due to fractured skull. Fell into river culvert when climbing (misadventure).
F	10 years	Respiratory failure due to cerebral contusion. Pedestrian in collision with motor van (misadventure).

It is of some consolation to note that the overall number of deaths in this age group due to accidents decreased this year. Yet the wastage of precious young lives continues to give rise to much concern and the details of the causes are set out in the hope that thought is given to their prevention. There is need for making parents aware of unnecessary dangers at home. This is ably undertaken by the Royal Society for the Prevention of Accidents, the Birmingham Accident Prevention Council, and the Birmingham Accident Committee.

Street accidents also take their toll. Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council), and the circulation of leaflets, a very strong bid is being made to reduce the number of deaths and injuries resulting from accidents.

Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years included road safety as part of the curriculum in schools.

INSTITUTE OF CHILD HEALTH

Professor Douglas Hubble reports:—

"The Nuffield Building for the Institute of Child Health, which has been provided by the Nuffield Provincial Hospital Trust, is now making good progress; it should be ready for occupation in the Spring of 1961. The Nuffield Trust had the conception that this building should be a common meeting ground for the medical officers of the Maternity and Child Welfare Services and the School Health Service, the general practitioners and the staff of the Children's Hospital, and that through its agency, areas of common interest might be explored and joint projects encouraged.

Some first steps towards these plans have already been taken. A monthly Clinical Meeting for the medical staff of the City Health

Services has been held during the year. This has been well attended and has been appreciated both by the medical officers and by the Institute staff. This meeting will be held in the Institute Conference Room when the Nuffield Building is ready.

Plans are being made, following on a joint meeting of the School Health Service, the Maternity and Child Welfare Services, the College of General Practitioners and the medical staff of the Institute, for the further investigation of epilepsy in Birmingham children. This will be concerned with the incidence and prognosis of convulsions in early childhood, and with the natural history of petit mal (which occurs predominantly in children of school age). All the constituent members attending the meeting promised their help with case finding. The Electroencephalographic Department which is in charge of Dr. B. D. Bower and Dr. P. M. Jeavons, has five years of experience behind it in the investigation of the convulsions of childhood, and several important papers have already been published.

Among other special clinics which are of interest to the School Health Service, is the Obesity Clinic, in which an analysis of a long-term follow-up with reference to the prognosis of obesity and the ultimate height attained by these patients, has just been concluded by Dr. O. H. Wolff and Dr. June Lloyd. In the Diabetic Clinic, the effect of a corn-oil diet on diabetes in childhood is being studied. A clinic for adolescents has been started (Professor D. Hubble) and many patients have been seen: the children attending the clinic have, in the main, been suffering from behaviour problems, from psycho-somatic disorders, or from endocrinological disease.

A considerable advance has been made in the diagnosis and treatment of coeliac disease by the demonstration of the characteristic duodeno-jejunal mucosal change in all untreated children, and its correction by a gluten-free diet which has been demonstrated in repeat biopsy specimens (Dr. M. Hallowell and Dr. Hugh Cameron). The new work on chromosomes now being pursued in conjunction with the Department of Genetics, is revealing chromosomal abnormalities in diseases which have long been recognised, but whose exact aetiology was unknown. Another project which is just being initiated is an assay procedure for human growth hormone; when this assay is giving reproducible results it can be applied to the study of normal children, and then to the investigation of disorders of growth in childhood; this will provide a long awaited opportunity to investigate dwarfism in children.

The generous grant of £1,000 a year which is provided by the City of Birmingham Education Committee, goes towards the support of these researches and investigations; and the knowledge that the work of the Institute has the support, the encouragement and the co-operation of the School Health Service, is very stimulating to the staff of the Institute."

PHYSICAL EDUCATION

Miss A. Thorpe and Mr. J. F. McCarthy, Organising Inspectors of Physical Education, report:—

“The value of physical education as a positive health measure has long been recognised. Many years ago, the Annual Reports of the late Sir George Newman, when Chief Medical Officer to the Ministry of Health, invariably stressed the importance of physical education. During, and since his day, continuous developments have taken place.

The last quarter of a century has been a period of progress and expansion in physical education both within and without the schools, in pre-school and post-school life. This expansion has taken many forms and is still continuing.

In the first place, physical education is now generally accepted as a provision which meets a natural need, especially at the growing periods of childhood, not least for those who are physically or mentally handicapped, as well as for those of normal development. The zest with which children join in their organised physical education lessons and their voluntary out of school activities, both organised and unorganised, is proof of this.

The provision of adequate, suitable facilities for outdoor and indoor physical education for the various age groups is an important essential and presents many difficulties in our congested city, where land for playing fields is scarce, and sites for schools congested by the buildings themselves. Spacious, well ventilated indoor rooms with splinterless, clean floors, and walls and ceilings strong enough to secure sturdy apparatus capable of supporting ‘live’ loads of pupils are needed for indoor work throughout the year. These, together with outdoor space, preferably with both hard and grass areas, are as necessary requisities for effective physical education as are books for reading. Space is the primary need of physical education and considerable ingenuity is required to conform with the regulations and standards, often minimum standards, laid down by the Ministry of Education.

During the past year the development of facilities for physical education on school premises has continued.

In the older schools, hall floors, where necessary and possible, have been planed or re-laid, playgrounds re-surfaced and certain extension projects brought into use. At Harry Lucas School, for example, a room has been converted to an indoor gymnasium and showers and changing accommodation provided. It is also pleasing to record that the Education Committee have resolved to provide gymnasia, either by building or conversion of existing rooms, at all its Secondary Schools at present without such facilities. In the year under review, a number of plans have been prepared for these developments. A less satisfactory feature of the development programme for the older schools has been the loss of valuable outdoor games areas by the erection of new buildings.

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The new schools usually include good indoor facilities. The new Secondary Schools have airy gymnasias, the number dependent on the size of school. This enables practical health education to proceed alongside the physical education lesson. The co-operation of parents is general and protests against the use of showers exceptional. Full use is made of the facilities provided and it is encouraging to note the improved standards of personal cleanliness and hygiene. During the past year eight new gymnasias have been brought into use. Others have been planned and, in the case of the plans for future large comprehensive schools, a school swimming bath has been included.

The new Primary Schools, on the other hand, have not, as yet, been provided with special rooms for physical activities and the many claims on the school halls often prevent a full programme of physical education being carried out, especially in the winter. Yet children between the ages of five and ten require, perhaps more than any other group, easily accessible indoor, well ventilated space in which to run, jump, climb, swing and dance.

Outdoor facilities on the sites of new schools, however, are often better for the Primary than for the Secondary Schools, where more space is required. In Primary Schools grass and hard areas are now provided and, where schools so desire, outdoor climbing frames are erected. Outdoor games for primary-aged children are developing well and many Primary School teachers give much time out of school, as well as in school, to the coaching of such games as skittle ball, junior football, junior rounders. Many Primary Schools undertake journeys to playing fields, either walking or by transport, where facilities are not available on the school site. It is obviously an economy, however, in time and transport costs, to provide such facilities near the school if possible.

In some of the newer Secondary Schools, *e.g.*, Longmeadow Girls' on the perimeter of the city, grass and hard surfaces have been provided round the school. Such facilities are well used by the school on the site, not only for the organised games period, but for much incidental practice during school breaks, lunch hours and after school. Such practice, often unorganised, is invaluable among adolescents in developing spontaneity of interest, initiative and the ability to organise themselves in healthy recreation. Schools with these good facilities also form useful centres for district rallies and tournaments.

An outstanding need in the city, even in the new schools, is the provision of more hard tennis courts. This international game can be played all the year round, with mixed or single sex groups and, on a comparative basis, is not extravagant of space. As social, as well as physical, education it provides entry into sporting circles in almost every country in the world. The raising of the school leaving age, the development of extended courses in non-selective Secondary Schools, the rising number of older pupils in Grammar Schools, have

emphasised the urgent need for provision of more facilities for tennis. The co-operation of the Parks Department in this connection during the past year has been invaluable. Tennis courts in parks were hired by the Education Committee for 6,791 hours, in addition to the use of courts under its own control.

Apart from gymnastics, dance and sport, all of which have shown a progressive development during the past year, swimming has again proved its increasing popularity as an in school and out of school activity. 792,976 attendances at baths were made in school time in the year under review. More children are learning to swim. The number of free passes issued to pupils for use in leisure time and based on their ability to swim, rose from 12,206 in 1958 to 13,430 in 1959. The increase in interest in swimming and the rise in the school population have made necessary a review of the organisation of school swimming in the city. The swimming generally takes place in the municipally-owned large, district swimming baths but a number of schools are now pressing for opportunity to have a school bath. An extensive investigation covering future needs, and the most economical and effective method of meeting such needs, is therefore, being undertaken.

One of the most significant developments in the physical education scheme during the past year, and one in which the co-operation with the School Health Service was shown at its best, was the introduction of country pursuits courses on a city basis. Although in the first instance these applied to boys only, a comprehensive scheme for both boys and girls is now being carried out.

Mention has been made on previous occasions of the increasing interest in activities like camping, sailing, canoeing, rock climbing, hill walking and other outdoor pursuits, and of the efforts and arrangements being made by teachers to introduce their pupils to these activities. Until last year such arrangements were domestic matters for individual schools and the Education Authority itself had not positively entered into any similar projects for schools, except for the case of camping and canoeing. The Education Committee, having decided to sponsor courses in outdoor activities for nominated pupils, made arrangements for a total of 60 pupils between the ages of 14 and 16 years to have the opportunity of spending 12 days in North Wales at a Mountain School. These pupils had a thoroughly good introductory training in mountain craft and enjoyed an experience of undoubted value. The response of the pupils has been most encouraging and we look forward to the extension of these courses for increasing numbers of boys and girls from this city.

Although this report concerns physical education in primary and secondary education only, equally progressive measures have been carried out in the field of further education.

In all these stages of education, and in all branches of physical

education, the quality of teaching and leadership is a very important factor and the following list of training courses for teachers and leaders of physical education carried out under the auspices of the Birmingham Education Committee during the past year is an indication of the enthusiasm, interest and eagerness for further knowledge amongst the teachers and leaders in the Committee's service. Apart from these training courses many teachers and leaders are also members of re-creative physical activity classes and clubs at the Birmingham Athletic Institute, the local Institutes of Further Education and in the many voluntary clubs and societies in the city.

COURSES IN PHYSICAL EDUCATION FOR
MEN AND WOMEN TEACHERS, ORGANISED BY THE EDUCATION
COMMITTEE FROM 1ST JANUARY TO 31ST DECEMBER, 1959

<i>Class and Dates</i>	<i>Total Number of Teachers Attending</i>	<i>Total Class Hours Instruction</i>
1. Swimming. Rules and Duties of Officials (January—March)	28	127
2. Canoeing Course for Teachers in Secondary Schools (February)	20	140
3. Coaching of Badminton. Secondary School Teachers (February—March, April and May) ..	48	576
4. Physical Education for Men Teachers in Primary Schools (February and March)	19	171
5. Dance. Scottish — Primary and Secondary School Teachers (February and March)	44	396
6. Dance. English Folk Dance (February and March)	54	576
7. Physical Education for Women Teachers of Junior children (February and March)	31	233
8. Athletics — Judging of Events (March)	22	44
9. Canoeing Course for Teachers in Secondary Schools (March)	18	126
10. Swimming Instruction for Men Teachers in all types of schools (April, May and June)	30	360
11. Coaching of Tennis for Men and Women Teachers in Secondary Schools (May)	24	216
12. Free Dance Course for Men and Women Teachers in Primary Schools (May)	40	360
13. Course in Basic Campcraft for Men Teachers (June)	8	160
14. Course in Lightweight Campcraft for Men Teachers (June)	7	140
15. Course in Campcraft for Women Teachers in Secondary Schools and for Women Leaders (July)	25	900
16. Hockey Umpiring Course (September)	21	168
17. Teaching and Coaching of Association Football in Secondary Schools	19	172
18. Teaching and Coaching of Vaulting and Agility Exercises for Men (October and November) ..	26	234
19. Gymnastics for Women Teachers in Secondary Schools (October and November)	53	636
20. Teaching and Coaching of Basket Ball (November and December)	9	90 "

CAMP SCHOOLS

During the year 1959 over 1,600 children visited the three Camp Schools at Stansfeld, near Oxford; Bell Heath, Romsley and Bockleton, near Tenbury Wells. In a considerable number of cases it was necessary to ask for additional co-operation from heads of schools sending parties on account of staffing difficulties, both teaching and domestic, at the Camp Schools. Nevertheless, the only vacant booking was the first booking of the year at Bockleton. During the August holidays a party of German boys visited the Stansfeld Camp as in previous years.

All the children were medically examined before going to the Camps and although there was the usual incidence of minor ailments, cuts, bruises and the like; there were no serious outbreaks. One girl returned from Stansfeld after developing scabies; two children returned from Bockleton, one after an hysterical outburst and one having contracted a stomach infection. One girl, who was admitted to Tenbury Wells Hospital with suspected appendicitis, was later able to return to the Camp.

It is apparent from letters received from parents and teachers, and by the requests for further bookings, that the service provided by the Camp Schools is much appreciated.

NURSERY SCHOOLS AND CLASSES

Number of Nursery Classes	..	27
Number of Nursery Schools	..	23

Dr. Lemin reports:—

“ During 1959 visits to nursery schools and classes were undertaken in the company of the Deputy Superintendent School Nurse.

The policy which has been followed for some years gives excellent opportunity for discussion on nursery matters with the staff at the nursery, on problems affecting the welfare of the children.

Where any outbreaks of such conditions as gastro-enteritis have arisen, close liaison has been maintained with the staff in the nursery and in the Public Health Department, who have given us willing and helpful co-operation.

Part-time attendance at some nursery schools and classes has allowed a great number of children to receive the benefit of nursery education. This arrangement has proved of value in some cases; it may well be, however, that children from indifferent homes, or living under crowded conditions, or with relatives, may not be helped in this way. The need in central areas for continued help to such children and the parents of such children, is very great. All the possible time that can be put at the disposal of such cases is only just sufficient to bring about a happier state of mind. This comment applies equally to children with some emotional or moderate physical handicap, in

these cases nursery school work is invaluable by helping to prepare the child for the larger world of major school at five years of age.

The School Medical Officers in the field have also devoted their time and attention to the nursery schools and classes, and periodic visits have been carried out.

The importance of constant personal contact with the School Health Service staff in the field cannot be over estimated. The necessity of gaining the confidence of the children and parents, and the value of the work as a team comprising the Teaching and School Health Staff is a vital matter which can only be gained by stable work together with mutual understanding.

The general impression gained through the visits was that the health and well-being of the children in this group is satisfactory."

THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

Dr. Dorothy M. Beaumont reports:—

"Much work has been done this year both to the interior and to the exterior of the Farm. We were fortunate in being given sufficient paint to enable the whole of the Farm, its out-buildings and the bungalow to be repainted. The cow-house walls and floors have also been painted. Inside, the kitchen, staff sitting-room and stairs have been decorated, and the Fellowship of Reconciliation group from Carrs Lane came and painted the children's room, the passage and the paddling pool for us. Altogether the Farm has had a new and shining look about it which has been appreciated by everyone. The paddling pool was bright and attractive for our summer visitors and the children loved it. With the wonderful summer weather the pool was in almost continuous use. Unfortunately the hot weather had its ill effects too, and the shrinkage of the ground had by the end of the summer caused a crack in the concrete of the pool.

Mr. Harris of Stoke Prior has proved a very good friend and helped us considerably with work in the Farm grounds. Under the supervision of Mr. Usher, unsafe trees were felled, others pruned, hedges were cut, and the grass and nettles kept well under control. This has given more space in which the children can play. It is most necessary to keep the grass cut short, as we find town children can be very frightened by tall, waving grass.

The new fence was erected round our new boundary as planned last year. The hedge was removed, thus allowing easy access into our new extension.

A Saxane fly dispersal apparatus (donated by the makers) has been fitted in the kitchen and has had a considerable effect on keeping down the number of flies in hot weather. A new fire extinguisher (given by the manufacturers, Valor Co. Ltd.) has been fitted on the landing on a bracket given by Mr. Cadbury.

The children's bedrooms have been made attractive with new bedcovers bought with money donated by the Inner Wheel — for whose continued support and interest we are extremely grateful.

Woodworm was discovered in the smaller of the children's bedrooms. The infected boards have been removed and the remainder treated. Mr. Mansell is doing a further survey and any other work necessary will be carried out during the winter months.

King's Norton Grammar School for Girls has taken a keen interest in the Farm and has collected the magnificent sum of £103 16s. 0d. for us. A third of this was put towards the cost of decoration, a third towards the cost of maintaining the children at the Farm, and the remaining third was spent on toys for the children, chosen by the girls themselves. The head girl and several others came down to the Farm and officially presented the toys. Other senior girls have stayed for short periods at the Farm as helpers to the various nursery school groups. We greatly appreciate the wonderful help these girls have given this year.

Altogether a total of 378 children have visited the Farm this year. Of these, 175 nursery children accompanied by 32 staff and helpers spent a day at the Farm, and 168 nursery children with 49 staff and helpers spent a week or longer. Of the remaining 35 children, 26 came unaccompanied and the 9 others were members of 3 families who came with their mothers. Here we should like to record our appreciation of Mr. Burnard, of the Rotary Club, who helped with transport to and from the Farm for this last group of children.

All our visitors benefited from the wonderful weather, and we can look back on another successful and happy year. Had they not come to the Farm these children would never have had any holiday, and to the great majority it was their first holiday ever. As the years go by, it is shown more and more how great a need the Farm fills, as a place where nursery children, unaccompanied children, and mothers with young children can go for a much needed holiday. All age groups enjoy the paddling pool and the older girls all seem to enjoy the opportunity of learning to cook with Mrs. Collins.

The following day parties visited the Farm:

5th May. Children and 7 staff from Shenley Nursery School.

6th May. Children and 3 staff from Montgomery Street Nursery School.

8th May. 46 children and 7 staff from Ridpool Road Nursery Class.

11th May. 30 children and 5 staff from Weoley Castle Nursery School.

12th May. 32 children and 6 staff from Paganel Road Nursery Class.

16th Sept. 16 children and 4 staff from Montgomery Street Nursery School.

It is a pleasure to note the comments of the staff who were in charge of the city nursery school children:

Cowper Street Nursery School: 'An excellent holiday'.

Montgomery Street Nursery School: 'On walks we met nothing but extreme friendliness from the local farmers who invited the children to see their animals. This aroused great interest and endless questions'.

Selly Oak Nursery School: 'The children benefited from the change of air and good food'.

Brearley Street Nursery School: 'The bath before bed-time was one of the great events of the day'.

'Very soon the children lost their pale town pallor for more healthy complexions'.

'Everything from the smaller spider to the largest pig or cow was really something'.

'The excellent meals . . . were given added enjoyment from being eaten outside'.

Dartmouth Street Nursery School: 'The mothers were most grateful for the opportunity given to their children to have such a good holiday'.

'The children loved every minute, the staff are tired but thrilled by the children's development and obvious enjoyment'.

Report from Dr. White:—

'The most noticeable feature regarding our medical coverage for the Dodford Nursery Children's Holiday Farm during 1959 has been the extreme infrequency of our visits. The illnesses for which we have been called upon have always settled down after a few days and no children have had to be sent home or admitted to hospital.

I think this is a great reflection on how well the children are cared for at Dodford and I am sure that the stimulation of living in the country does make the youngsters less prone to succumb to the common infections.

Let us hope that the principle of 'no news is good news' will continue to apply to our medical reports.

As regards the accommodation and general welfare of the children we think it is very good indeed.

Our kind regards,

On behalf of Dr. Mundy and Dr. Elliott and myself, I wish your venture all success in the coming year'."

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

Miss D. A. Ashby, Superintendent School Nurse, reports:—

"In preparation of material for a report such as this it is necessary to look both backward and forward, to attempt recognition and assessment of factors which have most affected the work in recent years and which are most likely to affect future policy and work.

These can be divided into factors which affect the children and parents and those which affect the staff. The former include the serious effect on the young of increasing material prosperity and decreasing moral and spiritual safeguards, freedom of communication and the impact of commercial propaganda, movement of population and disintegration of family life. Prominent among the latter are increased opportunities and needs for all forms of health education, the need for liaison with other workers and consultation at all levels, and the shortage of qualified and experienced health visitors.

To take the last first, the serious shortage of suitable staff, mentioned in 1958, has continued throughout 1959 and all vacancies for school health visitors have not been filled. Employment of a considerable proportion of state registered nurses, not trained as health visitors and new to the work means, inevitably, that more staff time is spent teaching and learning the job, and less actually doing the work. The central areas of the city, with their urgent problems of overcrowding, immigrant and moving population and rehousing, have been hardest hit by the staff shortage, and the clinic superintendents and experienced health visitors are carrying an ever-increasing burden of responsibility. The present high marriage rate among nurses, although in itself a good thing, may be one of the reasons why this state of things is continuing.

General Development of the Work

An attempt has been made throughout the year, by layering the work, to enable the school health visitors to devote more of their time to their real function of social advice and health education, and to free them from the necessity of screening large numbers of children to find those who need help.

The school nurses carry out all hygiene and vision surveys, all forms of treatment at the clinics and assist the doctors at medical inspections. They report back to the school health visitors after school surveys and pass on their findings. The school health visitors follow up, at school and by home visiting, all children reported to them by the school nurses as showing any deviation from normal standards of health, well-being, development, behaviour or cleanliness. They also see all new entrants to school, whatever their age, in their first term, so that children coming to school in need of help are picked up immediately; they attend infant medical inspections where possible so that normal contact can be established with each parent at the outset. The school health visitors also carry out group health teaching programmes in schools where they are invited.

This scheme has meant that more skilled time has been given to children handicapped, disturbed, neglected and in problem families. There is no doubt that the support and help afforded by regular home visiting to the parents of some of these children is a factor necessary to their well-being, stabilisation and rehabilitation, and to that of the

family as a whole. Many children need this help all through their school lives. Work arranged at different levels in this way is successful only if there is good team work and no hard and fast dividing line between the nurses' different functions. Students and new staff have to be catered for in all aspects of school nursing work, and this must be done by the most qualified and experienced staff. In these days of rapid staff turnover, this arrangement of the work can also be a distinct advantage in maintaining continuity of contact with the children and teachers, especially where liaison between the team members is good.

Nurses' Surveys

The school nurses have carried out the usual surveys for hygiene and visual acuity at intervals appropriate to the needs of the schools and demands made by other aspects of the work.

During the year 283,497 examinations were made by the nurses in the course of hygiene surveys; 15,337 individual children were suffering from pediculosis capitis (these figures include those with only a few nits); and 3,210 children were found to need referral to the School Medical Officers or family doctors.

At vision surveys 67,438 children were tested; 53,481 of these were found to have normal vision; 4,427 were kept under observation for retests later; 2,270 were referred to the medical officers; and 7,260 had visual defects already corrected by spectacles. In some areas this work is not up to date because of the staff shortage, priority having been given to the children in the primary age groups.

Follow-Up and Home Visiting

Owing to the general development of the work mentioned earlier in this section, it has been possible for the school health visitors to spend more time visiting the parents of children most in need of help. This applies, not only to the congested areas of the city, but also to the large areas where redevelopment is going on and resettlement of the population is taking place.

<i>Reason for Home Visit</i>	1955	1956	1957	1958	1959
All forms of neglect (including verminous conditions)	631	870	1,345	1,393	1,782
Other environmental conditions	84	111	125	167	566
Behaviour problems	57	65	96	120	165
All medical defects (including the handicapped)	1,699	1,511	1,992	1,940	2,586
Health and Development Survey	125	37	88	—	—
No access visits (from all the above categories)	524	563	860	762	1,228
TOTAL ..	3,120	3,157	4,506	4,382	6,327

During the year 37% of all home visits were made to parents of children suffering from various forms of neglect, bad environmental hygiene and unstable family background. Over 15% of the total visiting was concerned with handicapped children. A large proportion of these are revisits; many more visits are needed and much more skilled time needs to be spent with these parents than is at present available.

Health Education

Satisfactory reports have been received from schools where group health teaching, with classes of secondary modern girls in their 11+ and 14+ years, has continued throughout the year. The school health visitors are taking an increasing part in this work, as several more schools have asked for help recently. At the beginning of the last school year, and throughout the autumn term, 52 classes were taken each week in the schools by 21 school health visitors as an essential part of their normal work. Both the parentcraft and personal hygiene syllabuses were revised in the Spring of 1959 in co-operation with the Health Department, to whom thanks are due for continued assistance and the use of visual aids.

The total number of lessons given during 1959, by health visitors from the School Health Service and Health Department was 2,784. A great deal of informal education in health subjects is done with individuals, and in small groups of both children and parents alike, which can never be shown in statistics and in which the whole school nursing staff participate as they gain confidence and experience. The value of this should not be underestimated, and the staff are encouraged to take advantage of every opportunity as it occurs.

Specialist Work

Handicapped Children

A certain number of nurses and health visitors are incorporated in the staffs of the residential schools, in the day schools for the physically handicapped and the day open-air schools.

Nursing service to the other day special schools is supplied by a small team, based on the Central Clinic, and comprising a full-time health visitor and two full-time nurses. The two nurses are concerned with the schools for E.S.N. children, with the special training centres, and assist the medical officers in the special schools clinic sessions. The school health visitor establishes contact with the parents of all the handicapped children when they are first ascertained and visits, as regularly as possible, the homes of those with the worst problems. She also has a strong personal liaison with all the residential schools and maintains contact with the children and their homes, during term and holiday time, in cases where this is necessary.

Another health visitor, engaged for most of her time with normal children, devotes the remainder to all the work for the partially sighted, in the two special schools, at clinics for the partially sighted and home visiting.

Ear, Nose and Throat Work

This work absorbs the time of two full-time nurses, one a specialist in this particular field. She is engaged full-time on all work with the children attending the two schools for the deaf, the work of the E.N.T. Clinic and assists at the Audiology Clinic. The other nurse spends all her time in audiometric sweep testing in the infant schools, the follow-up by home visiting and retesting at clinic of all children who fail. Both work closely together, supplement one another, and have a close liaison with the hospital, the school clinics and the Health Department.

Asthma Work

The work of this section continues to make increasing demands on nursing time. One health visitor has been employed full-time on asthma follow-up since the inception of the work at the end of 1953, and one additional health visitor from the Central Clinic has given a proportion of her time since early in 1956. In addition to this, two school nurses have also been engaged in clinic duties on asthma clinic sessions for most of the year.

Work in connection with Section 54, Education Act, 1944

Since 1948 a senior school nurse has been engaged full-time in specialised work of a general nature from the central office. She has co-ordinated the work of the nursing assistants, acted in an advisory capacity to clinic superintendents, health visitors, nurses, and nursing assistants over statutory and other aspects of pediculosis, has maintained a good liaison with the School Attendance and Welfare Department and attended the Court of Summary Jurisdiction when nursing assistants are required to give evidence during prosecutions under Section 54 of the Act. This work requires a wide knowledge, infinite patience and tact; without it we should not be able to answer emergency calls from schools and clinics to examine and help neglected and verminous children, or cater for the fluctuations inherent in this very necessary aspect of the work.

The Work of the Nursing Assistants

Throughout the year the average number of nursing assistants employed was 15 out of a total establishment of 25. This staff shortage meant that nursing assistants were unable to carry out cleanliness inspections for the school nurses as they have done in other years. They were fully employed in the re-examination and cleansing of the children found verminous, the treatment of scabies, bathing of necessitous children, and cleansing demonstrations to mothers in the clinics.

During 1959 a total of 51,588 re-examinations of children found in a verminous condition by the school nurses were carried out by the nursing assistants, to maintain a continuous follow-up of the habitually infested children.

The following statistics shed further light on this particular aspect of the work:

	1954	1955	1956	1957	1958	1959
Infestation rate (percentage)	8.6	7.8	8.5	7.4	7.6	8.3
Number of individual children cleansed						
on statutory cleansing orders ..	2,067	1,655	1,717	1,989	1,917	2,054
Total number of statutory cleansings..	2,756	2,171	2,260	3,245	2,710	2,695
Cleansing demonstrations to mothers	423	458	508	523	625	510
Prosecutions under Section 54 ..	37	21	22	46	50	75
Number of families involved ..	33	20	20	34	40	58

The work of the nursing assistants in connection with Section 54 of the Act has been carried out as previously and was described in some detail in the 1958 Report. They work, as the junior members of the school nursing team, with devotion and cheerfulness. During the year 199 children were treated for scabies and 801 baths given to necessitous children. About 10% of these baths were for septic conditions and 90% for uncleanness in children from socially handicapped or inadequate families — an attempt to help them to be more acceptable to the school community and to give them an experience of personal freshness often enough for a habit to be formed later. In the case of some children a permanent improvement is established, but this only happens if the attitude of the parents can be changed and some improvement effected in the family background — again team work, with a strong element of pleasant persistence and unquenchable faith. As housing conditions in the central areas improve we hope that local public opinion will exert more pressure on dilatory parents, and better standards of personal hygiene will be easier to maintain in families where, today, every aspect of the physical environment militates against it.

Co-operation with Other Services

Much health visiting time is taken up by problem families, and much more by liaison, if the needs of each family are to be met, unrelated action avoided and their rehabilitation achieved. This may be true even within a particular service such as this, and is true throughout the social services however, they are administered. Nothing can replace direct personal contact at field level (as well as administrative level); this activity is time and energy consuming, cannot be shown in returns, and when faithfully carried out exerts a steady pressure on workers and clients alike. For this reason, and because a change of worker means fresh efforts in contacting, good liaison is difficult to establish and maintain in every large authority. It deserves more careful study.

Throughout the year the school health visitors and experienced school nurses, who do the full range of duties, are put in touch with their opposite numbers in the various services and encouraged to maintain direct contact. Attendances by the school health visitors concerned have also been maintained at all problem family case conferences convened by the Health Department.

In Service Training

As mentioned in previous reports, owing to shortage of staff and lack of suitable facilities, arranging staff meetings is always difficult. During 1959 tutorial and discussion groups for nurses entering the Service have been held as frequently as possible, two staff meetings for all school health visitors and school nurses, and five for clinic superintendents.

Between March and September, six informal discussion groups took place, in collaboration with the Health Department, between health visitors in both departments who were engaged in various aspects of health education, particularly in the schools. Teaching methods, visual aids and the revised syllabuses were discussed, and the people who attended found the discussions stimulating and helpful.

Several members of staff went to various Post-graduate Refresher Courses and two nurses were successful in obtaining their Health Visitor's Certificate as students sponsored by the Education Committee."

HEALTH EDUCATION

The Superintendent School Nurse describes the developments in the arrangements through which the School Nurses take an active part in Health Education in the schools.

In addition, the following activities have taken place during the year:

The School Medical Officers and Nurses have given a number of talks at Parent-Teacher Association Meetings on "Child Health" and "The School Health Service." These opportunities continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems with the parents. A talk was given to the Midland Region branch of the National Deaf Children's Society.

Lectures and demonstrations have been given in connection with the training for staffs of Children's Homes, for student health visitors, for teachers' training courses at Westhill College, for teachers taking the Birmingham University course for the certificate in the teaching of educationally subnormal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to teachers attending the one-year course on Handicapped Children at the City of Birmingham Training College, to student health visitor tutors, to nursery superintendents, to a chief public medical officer for

a district in Istanbul, to a medical officer of the Ministry of Health and Children's Bureau, Tokio, to the professor of psychology at the University of the Republic, Montevideo, and to a social science worker from the Phillipines.

EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

Children in part-time employment and appearing under licence for entertainment, Dr. Lemin reports:—

“ During 1959, 80 children were examined in respect of granting licences in entertainment. As in the past years it was arranged that the same medical officer should examine the children at the beginning and at the end of the run, as well as where necessary during the run when the length of the entertainment required it.

At the examination undertaken in November, before the entertainment started, no child was found unfit; most careful consideration was given to each child and where any doubt arose owing to history of illness during the current months, the matter was discussed with the family practitioner before the final decision was arrived at, which decision was noted as being acceptable to the family practitioner as well as to the Authority's medical officer.

In these examinations and in the examination of children for part-time employment, any medical defects found were noted and advised on and suitable treatment initiated, this relates in particular to dental problems and orthopaedic defects. At the end of the run of the entertainment no undue effects of fatigue were noticed. In one instance more children were employed than was actually necessary for the stage appearances, this arrangement allowed children to have a certain amount of respite during the weeks the show continued.

In the case of children in part-time employment 7,589 children were examined, this shows a decrease on the previous year: of these, 24 children were found to be temporarily unfit and 3 children were found to be permanently unfit. The children found to be unfit temporarily were suffering from such conditions as colds, minor injuries, commencing influenza, at the time of examination; they were subsequently examined and passed. The children found to be permanently unfit were suffering from such conditions as epilepsy and congenital heart.

The figure quoted in respect of the number of children examined relates both to the half-year examination of all children employed, as well as those requiring examination within 14 days of becoming employed or changing their employment.

The closest co-operation has been smoothly maintained between the Bye-Laws Department and the School Health Service throughout the year, so that all matters concerning the welfare of the children

both in entertainment and in part-time employment could be fully dealt with by both departments working as a team in this respect."

PROBLEM FAMILIES

Dr. Lenin reports:—

"The work amongst this section of the community has been carried on during 1959 by the School Health Service and valuable work has been done at the level of the School Medical Officer and the School Health Visitor. The fact that these problems continue to exist is no reflection on any branch of the Welfare Services. The amount of energy and patience which goes into the endeavour to rehabilitate such families is extremely large. The fact that improvement is obtained in some apparently hopeless cases is much to the credit of the work in the field.

Closest co-operation and discussion have been carried on with the Children's Department, N.S.P.C.C., the Family Service Unit, the District Health Visitor in the area and the Education Welfare Department, both at central and field levels so that every aspect of the trouble has been fully considered and by united effort there has been conservation of energy as well as personnel."

EXAMINATIONS OF TEACHERS AND ENTRANTS TO THE TEACHING PROFESSION

In accordance with the Ministry of Education Circular 249, School Medical Officers have examined the candidates for admission to training colleges, and intending teachers, other than those who were examined on the completion of the approved course of training before entering the teaching profession.

57 medical examinations were carried out for other authorities whilst 46 intending teachers for Birmingham were examined in their own area, so avoiding unnecessary travelling.

During the year 38 candidates were referred either for a specialist opinion and recommendation or for a report from the medical practitioner. Before the candidate was referred to a specialist, in each case the subject was discussed with the medical practitioner. Fees were paid in respect of two candidates requiring consultant opinion in accordance with the Committee's scheme.

Medical examination of entrants to Training College, intending teachers and students completing the course at the College of Art:

			1957	1958	1959
Training College candidates	..	..	378	266	395
Intending teachers	..	..	546	553	560
College of Art students	..	..	38	41	32
			962	860	987

WOOD END HALL HOSTEL

There have been 29 children in residence at the hostel throughout 1959; the only breaks being for short periods before the 5 new children were admitted.

Six medical examinations were held during the year. The necessary dental and optical treatments have been carried out. 14 children have attended the clinic for remedial exercises. X ray and Mantoux tests have been carried out for all but 3 children. Arrangements for these 3 are in hand. 3 children have attended the Child Guidance Clinic.

In February 5 children contracted measles. After the summer holidays some children returned to the hostel with impetigo. Fortunately, this was cleared and did not spread to other children. 4 or 5 children have had boils and 1 child has had a verruca.

1 child lost the fourth finger of his left hand by catching it in a lock paddle. 1 child was admitted to Dudley Road Hospital in December with a developing condition of pneumonia. It was reported that 1 child was detained in the Paybody Hospital in Coventry in September with a splintered ankle bone and he has not yet returned to the hostel although he is believed to be out of hospital, but attending the out-patients department. 1 child attended the Skin Hospital in July.

Dr. Lemin reports:—

“The general medical supervision of the Wood End Hostel for canal boat children has been continued during the past year. The children were examined at the hostel when they returned from the boats and before they left for the holidays, and at such other times during the term as seemed necessary. These examinations were in addition to the school medical examinations which are carried out at the appropriate times of the school life.

On an average 29 children have been resident in the hostel during the year and I am happy to be able to report that in general the health of the children has been satisfactory. In February there was a small outbreak of measles and 5 children were affected. There has, however, been no other incidence of infectious disease. A little impetigo became apparent amongst some children at the beginning of the autumn term, this was immediately treated and there was no spreading of the condition.

Unfortunately 2 children suffered from accidents during the holiday periods resulting in the loss of a finger of a left hand in one instance and a fractured ankle in the other. The hand injury cleared satisfactorily and the child is experiencing little or no disability.

All the new admissions to the hostel had routine investigation at the Chest Clinic.

During 1959, 14 children required remedial exercises for poor posture, knock knees, valgoid ankles and breathing exercises. I understand that the report from the physiotherapist is satisfactory.

Thanks are again due to Dr. Goldman, who has been kind enough to look after the children when medical treatment has been required.

One case of pneumonia occurred at the end of the autumn term, the child was admitted to Dudley Road Hospital and made an uneventful recovery.

Any minor defects noted on medical inspection at the hostel were dealt with by referring them for appropriate treatment.

Discussions took place, during the visits to the hostel, with the Matron, the Youth Employment Officer and the School Health Visitor with whom close co-operation has been maintained.

It is clear that the children benefit to a very marked degree by their stay at the hostel and there is no doubt that it is serving a most useful purpose."

CO-OPERATION AND ACKNOWLEDGEMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The aid which the teaching and School Health Service staff can give to each other and so to the pupils is fully recognised.

The Committee's Inspectorate have also shown their general interest and have given valuable advice in particular cases.

To doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation for their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgement is also made of the willing help and co-operation given by the following who are now connected in various ways with the work of the School Health Service: the Senior Administrative Medical Officer of the Regional Hospital Board, and his medical assistant; the Secretary of the Board; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In many many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service,

and special mention may be made of their help in following up some cases and in providing information from their wide range of activities.

It is a pleasure to mention the help which the Almoners of the hospitals, the Children's Officer and his staff, and the Probation Officers render over many children.

Appreciation is expressed to the local press for the helpful and sympathetic presentation of school health topics.

To the Organisers and Inspectors of the National Society for the Prevention of Cruelty to Children, a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

Appreciation is expressed to Pearson's Fresh Air Fund, to the Women's Voluntary Service and the Family Service Unit, for their help in providing outings and holidays for Birmingham children.

It is a pleasure to report that the Birmingham Mail Christmas Tree Fund had again been generous to the children in Special Schools and Occupation Centres.

HANDICAPPED PUPILS

WEST MIDLAND ADVISORY COUNCIL ON SPECIAL EDUCATIONAL TREATMENT

A meeting of the Committee was held on 12th June, 1959.

The Ministry of Education Circular 347 on Child Guidance was considered. There was a discussion on the training of child guidance staff and the various ways in which recruitment can be effected. Mention was again made, following the decision of the Advisory Council last year, of the need for more provision in the region for both observation and long-term treatment of psychotic and pre-psychotic children as in-patients in psychiatric wards for children.

The Ministry of Education Circular 348 on Special Educational Treatment for Maladjusted Children was discussed. In particular, the Committee were able to state that the call for regional reviews of the adequacy of boarding provision at present available, advocated in the Circular, had already taken place in the West Midlands.

The report of the Sub-Committee on the after-care of special school leavers was discussed.

Consideration was given to the Sub-Committee's report on the provision for pupils suffering from muscular dystrophy.

The need for provision for deaf educationally subnormal pupils was to be kept under review.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER, 1959

Educationally Subnormal Children

Residential:

St. Francis Boys and Girls	..	..	..	..	..	74
Springfield House Girls	..	..	..	..	..	58
Astley Hall Boys and Girls	..	..	..	..	..	47

Day:

Collingwood Senior Girls, Junior Mixed	..	..	..	..	174
Amblecote Senior Girls, Junior Mixed	..	..	..	..	176
Grantham Yorke Senior Boys, Junior Mixed	..	..	..	..	151
The Hamilton Senior Boys, Junior Mixed	..	..	..	..	125
Hallmoor Senior Mixed	..	..	..	..	137
Hallmoor Junior Mixed	..	..	..	..	69
Pinsent Senior Boys, Junior Mixed	..	..	..	..	95
Calthorpe Senior Boys, Junior Mixed	..	..	..	..	163

Deaf and Partially Deaf Children — Day Schools

Braidwood School for the Deaf, Mixed	..	..	..	91
Longwill School for the Deaf, Mixed	..	..	..	99

Partially Sighted Children — Day Schools

George Auden School for P.S. Children, Mixed	..	..	40
Priestley Smith School for P.S. Children, Mixed	..	..	46

Delicate Children

Residential Open-Air Schools:

Cropwood Girls	..	..	..	..	..	78
Hunters Hill Boys	..	..	..	..	..	120
Haseley Hall Junior Boys	..	..	..	..	..	40
"Skilts," Mixed	..	..	..	..	..	45

Day Open-Air Schools:

Marsh Hill, Mixed	..	..	..	..	..	171
Uffculme, Mixed	..	..	..	..	..	160

Physically Handicapped Children

Residential:

Baskerville, Mixed	..	..	..	..	..	34
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Day:

Wilson Stuart, Mixed	..	..	..	..	..	145
Victoria, Mixed	..	..	..	..	..	134

Hospital Special Schools

Orthopaedic:

Forelands, Bromsgrove, Mixed	..	..	..	..	36
Woodlands, Northfield, Mixed	..	..	..	..	52

Sanatorium:

Yardley Green, Little Bromwich, Mixed	..	..	..	49
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Handicapped Pupils Boarded in Hostels Maintained by the Education Committee

Wake Green Hostel	..	..	..	..	..	12
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EXTRA DISTRICT CHILDREN ATTENDING BIRMINGHAM SCHOOLS AS AT DECEMBER, 1959

Educationally Subnormal Children

St. Francis Residential School	..	..	..	..	121
The Grantham Yorke Day School	..	..	..	..	6
The Amblecote Day School	..	..	..	..	12
The Pinsent Day School	..	..	..	..	5
Hallmoor Junior School	..	..	..	..	1
The Collingwood School	..	..	..	..	7

Deaf and Partially Deaf Children

The Braidwood School for the Deaf	..	..	..	51
The Longwill Day School for the Deaf	..	..	..	23

Partially Sighted Children

The George Auden School for P.S. Children	..	..	7
Priestley Smith School for P.S. Children	..	..	9

Physically Handicapped Children

Baskerville Residential P.H. School	..	..	..	13
The Wilson Stuart Day P.H. School	..	..	..	16
The Victoria Day P.H. School	..	..	..	2

Hospital Special Schools

Orthopaedic:

Woodlands	..	..	..	..	..	..	41
Forelands	..	..	..	..	..	..	50

Sanatorium:

Yardley Green, Little Bromwich	..	..	..	..	15
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RESULTS OF SPECIAL EXAMINATIONS — 1959

Results of examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of children seen	1,243
Recommended for Day (E.S.N.) School	214
Recommended for Residential (E.S.N.) School	58
Recommended for Residential Open-Air School	217
Recommended for Day Open-Air School	116
Recommended for Residential (P.H.) Special School	19
Recommended for Day (P.H.) Special School	51
Recommended for Residential School for Epileptics	10
Recommended for Residential School for the Deaf	2
Recommended for Residential School for the Blind	1
No action	42
To stay in Special School	39
For trial in Ordinary School	59
To stay in Ordinary School	60
To stay in Technical School	2
To leave Special (E.S.N.) Schools in order to take up employment	37
To leave Open-Air Schools in order to take up employment	3
Decision deferred	119
To be excluded from School temporarily	11

Recommended for exclusion under Section 57(3) of the Education Act, 1944	44
Recommended for Home Teaching	26
Recommended for Carlson House School for Spastics	4
Recommended for Ordinary Schools	107
Recommended for Diabetic Hostel	1
Recommended for transfer from O.A.S. to Grammar School	1

Number of children reported to the Local Health Authority in 1959.

Under Section 57(3) of the Education Act, 1944	44
Under Section 57(5) of the Education Act, 1944	18

The following report made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, 1959, also gives valuable information.

	(1) <i>Blind</i> (2) <i>Partially Sighted</i>		(3) <i>Deaf</i> (4) <i>Partially Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically Handicapped</i>		(7) <i>Educationally Subnormal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	(10) <i>Total (1)-(9)</i>
In the calendar year ended 31st Dec., 1959:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes	6	17	11	11	372	111	253	48	10	839
B. Handicapped Pupils newly ascertained as needing education at Special Schools or in Boarding Homes	6	18	12	14	346	96	289	58	11	850

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1ST DECEMBER, 1959

Blind and Partially Sighted Pupils

Birmingham Royal Institution for the Blind:

Residential	27
Day	5
Worcester College for the Blind	1
Exhall Grange School, Coventry	3
National Institute for the Blind:	
Sunshine Home, Overley Hall	2
Liverpool Catholic School for the Blind	6
Royal Normal College for Blind, Rowton Castle, Salop	8

Educationally Subnormal Blind Pupils

Condovery Hall	2
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Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf	6
Mary Hare Grammar School for the Deaf	6
Derby Royal School for the Deaf	1
Royal Cross School for the Deaf, Preston	1
Manchester (Old Trafford) Royal Deaf School	1
St. John's Institution for the Deaf, Boston Spa	5
Needwood School for the Partially Deaf	2
Burwood Park Sec. (Tech.) School for the Deaf	1
Bridge House School for Deaf Children, Harewood, Yorks. ..	2
Donnington Lodge School for the Deaf, Berkshire	1
The Mount School, Stoke-on-Trent	1

Epileptic Pupils

Lingfield Epileptic Colony, Surrey	23
St. Elizabeth's School, Much Hadham, Herts.	1

Physically Handicapped Pupils

Ian Tetley Memorial Home, Harrogate, Yorks.	2
Tudor Grange School, Solihull	1
Hinwick Hall School for Crippled Children	2
Halliwick Cripples School, Winchmore Hill, London	2
Chipping Norton National Children's Homes	4
Victoria Home, Bournemouth	2
"Warlies," Waltham Abbey (Dr. Barnardo's)	1
Lord Mayor Treloar's College	1
Barleythorpe Hall, Rutlandshire	1
"Trucloves" School, Ingatestone, Essex	1
"Thieves Wood" School, Mansfield, Nottingham	1

Spastic Pupils

Carlson House	32
Wilfred Pickles School, Tixover Grange, Duddington	1
St. Margaret's School, Croydon	1
Craig-y-Parc School, Cardiff	1

Delicate Pupils

Corley Open-Air School, Coventry	1
St. Catherine's Open-Air School, Ventnor	1
Eden Hall Residential School, Bacton-on-Sea, Norfolk	7
Periton Mead Open-Air School, Minchhead	1
Pilgrim's School, Seaford, Sussex	1
Oak Bank Open-Air School, Sevenoaks, Kent	1

Educationally Subnormal Pupils

Besford Court, Worcester	10
Allerton Priory, Liverpool	1
Pield Heath (All Souls'), Middlesex	6
Crowthorne Residential School, Bolton, Lancs.	1
Rhydd Court, Worcs.	3
Puddlestone Court, Herefordshire	1
Hilton Grange, Old Bramhope, Leeds	1
Rossington Hall, Doncaster	1

Pupils with Speech Defects

John Horniman Home, Worthing, Sussex	..	..	..	1
Moor House School, Oxted, Surrey	..	..	..	2

Maladjusted Pupils

Trench Hall, Wem, Salop	..	..	..	..	3
Bodenham Manor School, Hereford	..	..	..	..	27
Shenstone Lodge, West Bromwich	..	..	..	..	7
River House, Henley-in-Arden	..	..	..	..	1
Red Hill School, East Sutton, Maidstone, Kent	..	..	..	..	3
St. Peter's, Horbury, Yorks.	..	..	..	..	1
Hillaway Homes for Children, Devon	..	..	..	..	10
Mulberry Bush House, Standlake, Oxfordshire	..	..	..	..	2
Swalcliffe Park, Banbury, Oxfordshire	..	..	..	..	2
Chaigley School, Thelwall, Warrington, Lancs.	..	..	..	..	2
Wennington School, Wetherby, Yorks.	..	..	..	..	3
Breckenborough School, Thirsk, Yorks.	..	..	..	..	2
St. Joseph's R.C. School, East Finchley	..	..	..	..	6
St. Anne's R.C. School, Portbello Road, London	..	..	..	..	1
Midhurst Grammar School, Sussex	..	..	..	..	1

Hospital Special Schools

Orthopaedic:

Marlborough, Mixed	..	..	..	..	..	10
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Sanatorium:

Kyre Park and St. Cuthbert's, Mixed	..	..	..	..	34
Warwickshire Orthopaedic	..	..	..	..	29

Handicapped Pupils Attending Independent Schools Assisted by the Education Committee under Section 9(1) of the Education Act, 1944

St. Hilliard's School, Mickleton, Glos. (Maladjusted)	..	..	6
Peredur Home School, East Grinstead (Maladjusted)	..	..	1
St. Christopher's School, Bristol (Maladjusted)	..	..	1
Elmfield, Stourbridge (Maladjusted)	..	..	9
Tettenhall College, Wolverhampton	..	..	1
St. Thomas More's College, Devon	..	..	3
Mount St. Mary's College, Spinkhill, Derbyshire (Delicate)	..	..	1
Stout's Hill Preparatory School, Uley, Glos. (Delicate)	..	..	1
Brighton and Hove Girls' High School (G.P.D.S.T.) (Delicate)	..	..	1
Wester Elchies School, Aberlour (Delicate)	..	..	1
St. Joseph's Convent, Haunton Hall, Tamworth (Delicate)	..	..	1
Dartington Hall School, Totnes, Devon (Maladjusted)	..	..	1
Salesian School, Longhope, Glos. (Maladjusted)	..	..	4
Sacred Heart College, Sambourne (Maladjusted)	..	..	1
Prestfelde School, Shropshire (Maladjusted)	..	..	1
Burcot Grange School, Sutton Coldfield	..	..	1
Millfield School, Somerset	..	..	1

Handicapped Pupils Boarded in Hostels — and who attend Schools near to the Hostel

Diabetic Pupils:

St. George's Hostel, Kersal	..	..	..	..	2
Palingswick House, London	..	..	..	..	2
Rustington Diabetic Hostel, Sussex	..	..	..	..	1

SCHOOLS FOR THE PARTIALLY SIGHTED

Mr. Mark Tree reports:—

“I have previously discussed the incidence of cases of sporadic congenital cataracts, often accompanied by other defects such as deafness and congenital heart disease, arising in children whose mother contracted German Measles during pregnancy. Although the precautionary treatment of pregnant women so affected, by injection of gamma globulin 1.5G is becoming widely known, we continue to see new cases whose origin precedes the introduction of this remedy. In most cases the mother's illness occurs in the first few months of pregnancy, but we have had an unusual example where the mother contracted German Measles in the fourth month.

During the past year I have, as usual, re-examined and reviewed the pupils of both Partially Sighted Schools. I express my thanks to the Heads of both schools, Miss Cox and Mr. Challacombe, for their great help. I take this opportunity of extending my congratulations to Mr. Challacombe on his elevation to succeed Miss Ludford. I append the details of my annual review:

At December, 1959, the total of pupils at both schools was 104, consisting of 62 boys and 42 girls. There were during the year:

New Admissions	19
Transfer between the two Partially Sighted Schools ..	1
Leavers, having completed their schooling	11
Transfers to Residential Schools	3
Transfers to normal schools	5

16 High Myopes consisting of 9 boys and 7 girls of whom there were:

- (a) 1 with marked Astigmatism.
- (b) 5 with Squints:
 - (i) 4 Convergent.
 - (ii) 1 Divergent.
- (c) 3 with Retinal Degenerative changes.
- (d) 1 with Nystagmus.

53 Nystagmus cases consisting of 31 boys and 21 girls.

- (a) 13 with Albinism.
- (b) 17 with Congenital Cataracts.
- (c) 18 with Squints.
- (d) 2 with Bilateral Optic Atrophy.
- (e) 1 with Congenital Hemiplegia.
- (f) 1 with Corneal Nebulae.
- (g) 1 with Bilateral Macular Degeneration.

25 cases of *Congenital Cataracts* consisting of 14 boys and 11 girls.

- (a) 9 Familial of which:
 - (i) 5 had Nystagmus.
 - (ii) 1 had Retinal Detachments after needling.
- (b) 16 Sporadic of which:
 - (i) 11 had Nystagmus.
 - (ii) In 3 cases the mothers had German Measles during pregnancy, in 1 case during the fourth month.

5 cases of *Bilateral Ectopia Lentis* consisting of 3 boys and 2 girls of which:

- (a) 2 are Familial.
- (b) 1 with Ectopia Pupillae.

1 case of *Bilateral Buphthalmos*. 1 boy.

2 cases of *High Hypermetropia*. Both boys.

1 case of *Bilateral Xerophthalmia*. 1 boy.

25 cases of *Syndromes and Multiple Defects* consisting of 15 boys and 10 girls.

- (a) Congenital Toxoplasmosis — 3 boys.
- (b) Retrolental Fibroplasia — 3 cases, 1 boy and 2 girls:
 - (i) 2 with Myopia.
 - (ii) 1 with Nystagmus.
- (c) Bilateral Familial Macular Degeneration — 1 girl.
- (d) Laurence Moon Syndrome — 1 boy.
- (e) Retinitis Pigmentosa — 3 cases:
 - (i) 2 typical cases — both girls.
 - (ii) 1 a typical case — a boy.
- (f) Bilateral Optic Atrophy — 6 cases, 5 boys and 1 girl:
 - (i) 3 with Nystagmus of which 1 has Hirschsprung's Disease.
 - (ii) 1 with Epilepsy.
 - (iii) 1 with Acrocephaly.
 - (iv) 1 with High Myopia.
- (g) Galactosaemia with slight Lamellar Cataract and Myopia — 1 girl.
- (h) Microphthalmos and Congenital Cataract — 1 girl.
- (i) Aniridia, Myopia and Nystagmus — 1 girl.
- (j) Microphthalmos, Aniridia and Nystagmus with Glaucoma and Staphyloma in the right eye — 1 boy.
- (k) High Myopia, Deafness and Defective Speech — 1 girl.
- (l) Nystagmus, alternating Divergent Squint and Congenital Deafness — 1 boy.
- (m) Congenital Amblyopia and Hypermetropia — 1 boy.
- (n) Nystagmus, Myopia and Epilepsy — 1 boy."

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Principal School Medical Officer, reports:—

“ Ascertainment of Handicapped Children

This ascertainment is carried out for the most part at the Great Charles Street School Clinic as in previous years and examinations are grouped into two main sections, one dealing with children who appear on paper to be educationally subnormal and the other with those who seem likely to belong to other categories. The division is necessary as in the first case a detailed mental test is always essential and this is of course a lengthy procedure entailing special arrangements which, among other things, slow down the pace of the work.

Form filling is usually not one of the chief delights of the medical man but if he happens to be a school doctor concerned with ascertainment, he gradually learns to appreciate the value of a system of approach to cases which needs a form to support it. The hated form certainly helps to clarify the findings and conclusions of the examiner, it encourages a terseness of expression while at the same time it cultivates an awareness of urgency in filling in the blanks. With nature one learns that a vacuum is to be abhorred; ultimately the forms filled or unfilled by others are surveyed with a critical eye particularly when these forms are preliminaries to the documents to be completed by oneself.

The age range of the children examined is of course considerable — from the two year old to the school leaver. The success of the work depends on co-operation between a number of people, parent, teacher — in the school ages — doctor, psychologist, nurse and school health visitor and often others. It is the duty of the doctor to consider all shades of opinion and make the final decision in the light of what appears to him to be the best for the child.

As a general rule it is unwise to come to a final decision about educability in the case of a child of less than five years of age without at least a trial in school. There are obvious exceptions to this rule; there are some children who just cannot be fitted in the school pattern — but even in these cases it is well to remember that a child will change unexpectedly. Sometimes the ‘impossible’ child will become an orderly member of society in six to twelve months.

The ascertaining doctor must also bear in mind the advances that have been made in medicine in recent years, to mention only a few — one must not overlook such possibilities as Phenyl-Ketonuria, Hypoglycaemia, Galactosaemia and the like. Treatment possibly has not kept pace with improved accuracy in diagnosis but nevertheless it is important that the real diagnosis should be established. Nor should one forget the tragedy that a severely mentally handicapped child represents to the parents: while it is no kindness to gloss over

the facts of the disability, at the same time hope should always be allowed to remain.

In dealing with children recommended as possibly suitable for admission to Schools for the Educationally Subnormal, it should no longer be possible to overlook conditions like partial deafness or visual defect which may have induced educational difficulty. To test the hearing of a child who may not only be partially deaf but also perhaps inherently dull and not particularly co-operative is no easy task and only an experienced audiometrician has any hope of success.

To sum up the essentials in the ascertainment of handicapped children, the first is co-operation between all people concerned — including of course the parent — in the interests of the child. Then a good and detailed history must be obtained from the parents and the other people who know, starting with pre-natal conditions, history of the birth and post-natal development and events. Finally there must be a close medical investigation of the child.

Then and only then can the doctor make decisions about the future training and education of his patient.

Schools for the Educationally Subnormal

A fact which impresses one very much in all our Special Schools is the outstanding devotion shown by the teachers for their work. This is of inestimable value to the children and also to the visiting doctor. The only people who can last very long in Special School work are those dedicated individuals who feel that they are achieving full satisfaction in life in their daily duties, which duties might appear repellent or at least unrewarding to others.

A great deal of social work is done; it is in fact part of the daily pattern, to an extent not generally realised. Even in these enlightened days it may be necessary to cleanse and clothe and perhaps even feed a child before he can be taught. The provision of spectacles too is not infrequently a frustrating task, some girls still think that glasses spoil their beauty and many boys treat them with conspicuous lack of care. Our School Health Visitors travel many weary miles in the effort to secure the provision and repair of glasses and to persuade parents as to the necessity for regular wearing of them. Victoria days when children were 'seen but not heard' are now far away but surely the pendulum has swung too far in the opposite direction when some children are now asked by parents whether they would *like* to wear their glasses, eat their dinner, go to school, or go to bed at a reasonable hour.

The usual special and routine examinations of the children in these schools have been carried out by the Assistant Principal School Medical Officer and Dr. Mole.

Open-Air Schools

These schools continue to fulfil an important function even though their character has changed to some extent over the years. Lack of adequate feeding has virtually disappeared in Birmingham and though overcrowding still, unfortunately, exists in some quarters it is nothing like so prevalent as in the past.

The problem of the child who fails to maintain anything like regular attendance at ordinary school on account of some disability which is medical or quasi-medical in nature remains however. The loss of attendance leads to backwardness in education, the backwardness leads to dislike or even fear of school, and a vicious circle is developed which may produce symptoms of a psychosomatic nature in addition perhaps to those induced by some mild organic disorder. It is in dealing with cases of this nature that the modern Open-Air School finds its main function and its true place in the educational system.

In both Day and Residential Open-Air Schools an important member of the staff is the Nursing Sister. As has been rightly said, she is a symbol of security particularly appreciated by the delicate, apprehensive, insecure child. She has many other obvious functions which are no less important and which are indispensable to the running of a successful school, and a school which for any reason has to function without a Nurse is seriously hampered.

The type of case which is found suitable for admission to our Open-Air Schools has not altered considerably over the past year, the hospitals, general practitioners and welfare officials of the city are especially appreciative of the results obtained in the treatment of delicate and difficult children so that our waiting lists, particularly for Residential Schools, are long.

No arbitrary decisions regarding length of stay are made, each case is considered on its own requirements and a review is held for this purpose each term.

After leaving Open-Air Schools and returning to ordinary schools the child is followed up at 6 or 12 monthly intervals for as long as seems necessary.

Schools for the Physically Handicapped

The Wilson Stuart and Victoria Schools for the Physically Handicapped have continued their invaluable work during the year and through the efforts of the teaching and nursing staffs of these schools large numbers of children who would otherwise have had to remain at home have been enabled to receive education in the society of their fellows. The kindly interest shown by the staff of the special transport responsible for getting the handicapped children to and from school is also greatly appreciated.

From the strictly medical point of view the work is of immense clinical interest to the doctors concerned who have the opportunity to study, and if possible, help children suffering from multifarious abnormalities. It is probable that nowhere in this country is there a similar grouping of such a great variety of physical defects in children.

It is encouraging to be able to record that as a result of advances in both surgery and medicine an increasing number of children become fit to transfer from Physically Handicapped to ordinary schools in due course. Advances of this nature seem likely to continue.

Baskerville

As the apparent reduction in the number of cases of juvenile rheumatism has become real and progressive, it has been found possible to admit children of a different category during the year. These cases are very carefully selected with special reference to the evidence of any preventable infective risks to the rheumatic children. Children who have shown a mild degree of maladjustment to the ordinary school as a result possibly of combined medical, social and psychological disabilities — none severe in themselves but which in conjunction are disruptive of regular attendance — seem specially suitable for admission. Their progress is being followed with interest.

The usual routine examinations have been carried out in the Schools for the Deaf and the Schools for the Partially Sighted both by the Assistant Principal School Medical Officer and by Dr. Mole.

The Day Occupation Centres are also visited regularly.

Visitors

Visits and demonstrations in Special Schools have been arranged for the benefit of senior medical students of the University of Birmingham and for candidates for the Diploma in Child Health.

There are of course many other visitors during the year both from Great Britain and the Commonwealth and also foreign countries.

I should like to express my gratitude to the Head Teachers of our Special Schools who are always so co-operative in arranging to take groups of visitors for us — often at considerable inconvenience to themselves.

Lectures

Lectures have been given to the course for Teachers of the Educationally Subnormal at the University, the course for Teachers of the Handicapped at the Teacher's Training College, Student Health Visitors, foster parents and others."

SPEECH THERAPY IN SPECIAL SCHOOLS

Miss E. Sprayson, Senior Speech Therapist, reports:—

"Owing to staffing difficulties during the year the number of sessions worked in these schools was reduced from 23 to 19 between

January and July, but with staff appointments in September it was possible to increase the number of sessions to 24.

The Victoria and The Wilson Stuart Physically Handicapped Schools were visited weekly. Both day Open Air Schools were visited weekly and a survey was made at the Cropwood Residential School. All the girls were seen and only a few very slight defects were noted. Advice was given to the Head Teacher and the staff about these cases, as it was not felt necessary for them to receive Speech Therapy.

Children from The Braidwood School for the Deaf and The George Auden Partially Sighted School received regular weekly treatment.

All day schools for educationally sub-normal children and St. Francis Residential School were visited weekly. Astley Hall Residential School was visited and the staff were advised how they could best help the speech defective children in their school. There were still an insufficient number of girls at Springfield House Residential School needing treatment to warrant a weekly visit by a therapist. Any girl needing speech therapy was seen at the Kings Heath Speech Clinic.

At the request of the Head Teacher a visit was made to the Forelands Hospital School. Three children with speech defects were seen. Advice was given to the teachers and a plan of treatment was outlined.

Yardley Green Hospital Special School was visited weekly from January to April. Two children were treated during this time prior to their referral to a Physically Handicapped School and a Residential School."

The therapists working in the Physically Handicapped Schools report on their treatment of the cerebral palsied child:—

"With many of these children it has been found beneficial to work with the physiotherapist, who is able to advise on the control of excess bodily movement. When it is possible for the child to maintain an improved position, work on articulation and phonation can begin.

It is important to remember when dealing with these children that their speech is closely linked with their physical development, and that normal speech cannot be attained where the physical abnormality is likely to extend into adult life. They can, of course, be greatly helped, particularly if they are of average or above average intelligence, but continual encouragement must be given for them to make the necessary effort to produce and maintain their best possible voice and articulation.

Many of the children are limited in their field of experience and this is reflected in a poor vocabulary and restricted language development. Language work must be carried out in conjunction with the correction of faulty articulation. There are, with some cases, the added difficulties of hearing loss, emotional problems, and a home environment which lacks correct stimulus—all these problems must be tackled if good speech and language is to be acquired.

Class Work

Class work is carried out with a reception class at the Victoria School. The range of speech defects are considerable as the children in the class are of low intelligence as well as being cerebral palsied. While some of the children have only minor articulatory problems there are some who seldom speak spontaneously. In treating these children the main aims have been:

- (a) to stimulate a desire to communicate,
- (b) to encourage vocalisation — however poor,
- (c) to work on articulation in small groups or individually,
- (d) encouragement to use speech and language socially, *e.g.*, games, news, etc.

The work is interesting and rewarding, although progress is extremely slow. The class teacher has played a most active part in the speech work and without her help, advice and co-operation it would have been practically impossible for any of the children in this class to benefit from the visit of the therapist for half-a-day a week."

Therapists working in E.S.N. Schools submit the following report:—

"All children on admission to the school are interviewed by the therapist. With the exception of schools where there is a short waiting list for therapy the children needing treatment are seen either individually or with one or two other children.

The types of speech defect that occur are the same as those in the normal school population; stammering, dyslalic, language retardation, hypo-rhinolalic, hyper-rhinolalic, aphasia, dysphasia and dysphonia.

Generally reception class children are not ready for formal speech therapy, their speech being consistent with their mental age which may be as low as $2\frac{1}{2}$ to 3 years. These children enjoy their 'speech lesson' which may consist of:

- (a) Tongue and lip exercises.
- (b) Babbling speech sounds followed by simple word building.
- (c) Easy speech jingles with movement.

Speech gradually becomes an enjoyable social occupation and this makes an excellent preliminary to individual work.

Progress in treatment is slow and necessitates considerable repetition both in class and individual work. The dyslalic children treated individually work on their defective articulation and at the same time encouragement is given to increase their vocabulary and length of sentence. They respond well although treatment continues over a long period.

Stammering has been found a more difficult problem with which to deal than that of dyslalia. Spontaneous improvement generally occurs in those children whose stammer has been aggravated by their